

# Codicil Form



If you already have a Will, please complete this form and ask your Solicitor to add this Codicil to your Will.

A legacy to the Arkwright Scholarships Trust can also be included when making a new Will. It is always advisable to seek professional advice when you write your Will in order that your wishes are clear.

Arkwright Scholarships Trust  
Holly House  
74 Upper Holly Walk  
Leamington Spa  
Warwickshire, CV32 4JL  
Tel 01926 333210  
Fax 01926 333212  
www.arkwright.org.uk

Name \_\_\_\_\_  
Of \_\_\_\_\_  
Town \_\_\_\_\_  
County \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email \_\_\_\_\_

My last Will being dated the \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_

## 1. I give to the Arkwright Scholarships Trust

\_\_\_\_\_

with a request that it be expended on such of the Trust's purposes as the Trustees shall from time to time determine. I confirm that the receipt of a person who appears to be a proper officer of the said Trust shall be a good discharge to my Executors and if at my death the said Trust has ceased to exist or has changed its name or amalgamated with another charity the gift to it shall not fail but my Executors shall pay it to the charity which most nearly fulfils the objects which I intend the benefit.

## 2. In all other respects I confirm my said Will:

SIGNED by me on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of the Testator/Testatrix

SIGNED by the Testator/Testatrix in our presence and then by us in his/hers

FIRST WITNESS

(Signature) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

SECOND WITNESS

(Signature) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_