

Legacy form Codicil to an existing Will



If you already have a will but would like to add The Clinic to it, please complete this form and pass on to your solicitor. Call 0207 251 3322 for more information.

I (full name)

of (address)

Previously of (if different address in will)

declare this to be a (first/second)

Codicil

to my Will which is dated (dd/mm/yyyy)

which is lodged with (name and address of solicitor/bank)

In addition to the legacies (if any) given by me in my said Will I bequeath a share of

(% / remainder) of my estate or the sum of £

or / and a specific gift of

To The City of London Migraine Clinic, 22 Charterhouse Square, London, EC1M 6DX (Registered Charity No. 1115935)* to be used for general purposes and I declare that the receipt of the Treasurer or duly authorised officer shall be a full and sufficient discharge.

Signed

Signed by the above named in the presence of witnesses. Date

(Your witnesses may be related to one another; however, they must not be related to you or to anyone mentioned in your Will and must be over 18 years of age).

Witness one

Name

Signed

Occupation

Date

Address

Witness two

Name

Signed

Occupation

Date

Address

National Migraine Centre 22 Charterhouse Square, London EC1M 6DX

T: 020 7251 3322 F: 020 7490 2183 E: info@NationalMigraineCentre.org.uk W: NationalMigraineCentre.org.uk

National Migraine Centre, formerly The City of London Migraine Clinic. Registered charity no. 1115935.

Company Limited by Guarantee (England and Wales) no. 5846538. Registered Office 22 Charterhouse Square London EC1M 6DX