

CODICIL FORM

l	[Name]
Of	
	[Address]
Declare this to be a[first/second	
	ij codicii to my wiii dated
In addition to any legacies given in my said will I gi	ive to:
St Catherine's School, Station Road, Bramley, Sur	rrey, GU5 0DF (Registered Charity No. 1070858)
a share of of my esta	ate &/or the sum of £
&/or [a specific]* to be	used for general purposes or restricted to
** and I declare that	the receipt of the Business Manager or duly
authorised officer shall be a full and sufficient discharge.	
In all other respects I confirm my said will and all c	other codicils thereto.
* please complete as required and cross out those options not req ** you can choose to restrict your gift to Bursaries, The Annual Fur	
you can choose to restrict your girt to bursaries, The Allihari di	ia, ballaling Frojects of the chapert and
Signed:	Date:
Witnessed: Signed by the above named in our prehim/her and each other	esence and witnessed by us in their presence of
Signature:	Signature:
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Date:	Date: