ITP Support Association Codicil Form



Please keep this Codicil with your will.

If you have any questions about writing a codicil or updating your will, you should seek advice from a qualified professional, such as a solicitor.

This is my first/second/third*codicil to my last will (*delete as appropriate)

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	* Insert the date of your will and your full name. Insert your full address and postcode.
which is dated of me (name)*	
Address	
Postcode	
01 I give to The ITP Support Association , The Platelet number: 1064480 for its general charitable purposes.	t Mission, Kimbolton Road, Bolnhurst, Bedfordshire, MK44 2EL Registered charity
	using both words and figures – for example, one thousand pounds (£1,000) – or the description of the item you
	wish to leave to the ITP Support Association.
to be applied to the general purposes of the said charity.	
02 In all other respects I confirm my said will and	d any existing codicils thereto.
Signed	Date
Signed by the above-named testator in our joint presence and then by us in his/hers.	
Witness 1*	Witness 2*
Name	Name
Address	Address
Occupation	Occupation
- Cecapation	
Date	Date
Signed	Signed
*Your witnesses must insert their names, addresses and occupations and sign and date here in your presence.	

*NB: Your witnesses must be over 18 and must not be beneficiaries in your will or their spouse or civil partner.

Send, or give, a copy of the will and codicil (in a sealed envelope, if you prefer) to your executor or other trusted friend, with a note indicating where the original is held. Thank you for your support.