

## CODICIL FORM

To add Kidney Research UK to your Will

Please sign this form in front of two witnesses. Your witnesses should not stand to benefit themselves or be married to anyone who stands to benefit from your Will or this Codicil and they must both sign the form when you do. Also, to be sure that it ties in properly with your Will, we would recommend that you see your solicitor. Once completed this Codicil must be kept with your Will.

You fill in this section

I (your full name) \_\_\_\_\_

of (your full address, including postcode)

declare this to be the (first, second or appropriate number) Codicil to the Will I made on the date (in words)

1. I leave the sum of (amount in figures and words)

£ \_\_\_\_\_

all the residue of my estate or  a \_\_\_\_% share of the residue of my estate to Kidney Research UK, Nene Hall, Lynch Wood Park, Peterborough, PE2 6FZ registered charity number 252892 Scottish Charity No. SC039245, for its general charitable purposes absolutely.

2. I leave the following objects or articles (describe the objects)

\_\_\_\_\_ free of the expense of delivery),  
to Kidney Research UK, Nene Hall, Lynch Wood Park, Peterborough, PE2 6FZ, registered charity number 252892 Scottish Charity No. SC039245, for its general charitable purposes absolutely.

3.  I wish that donations, in lieu of flowers at my funeral, be given to Kidney Research UK, Nene Hall, Lynch Wood Park, Peterborough, PE2 6FZ registered charity number 252892 Scottish Charity No. SC039245, for its general charitable purposes absolutely.

4. I confirm that that the other aspects covered in my Will and any other Codicils are correct.

Your signature \_\_\_\_\_ **Your name** \_\_\_\_\_

Date \_\_\_\_\_

© Kidney Research UK, Reg. Charity No.252892 Scottish Charity No. SC039245

**Signature of First Witness**

**Full Name**

**Address of First Witness**

**Occupation**

**Signature of Second Witness**

**Full Name**

**Address of Second Witness**

**Occupation**