



Codicil Form

I _____ (Your name)

Of _____ (Your address)

DECLARE this a _____ (first/second as appropriate) Codicil to my last Will, dated the day of _____ 19__/20__ ("my Will").

MY WILL shall be construed and take effect as if it contained the following clause:

I give free of Inheritance tax to:

The Psoriasis and Psoriatic Arthritis Alliance (PAPAA)

Charity No: 1118192

Registered Office: Acre House, 11-15 William Road, London. NW1 3ER

a) _____ per cent (%) (percentage in words and figures) of my residuary estate for the general purposes of the said Charity.

b) The sum of _____ pounds (£ _____) (sum in words and figures) for the general purposes of the Charity.

The receipt of the secretary or other officer for the time being of the said charity shall be sufficient discharge to my Executors.

IN ALL other respects I confirm my Will (and Codicil dated) _____ (date of Codicil)

IN WITNESS whereof I have hereunto set my hand SIGNED by the said
on this ____ day of _____ 20__ _____ (Your name)
_____ (Signature of testator)

As and for a _____ (first/second etc)
Codicil to his/her Will in our presence And by us jointly attested and
subscribed in his/her presence.

FIRST WITNESS

Name: _____

Signature of Witness: _____

Address: _____

Occupation: _____

SECOND WITNESS

Name: _____

Signature of Witness: _____

Address: _____

Occupation: _____