

Codicil

Please attach the completed Codicil to your existing Will and notify the Community Broadcasting Foundation of your decision.

Codicil of *(full name)* _____

This codicil is dated _____ *(day)* of _____ *(month)* 20____ *(year)* and is made

by me of _____ *(address)*

I confirm my Will dated ____/____/____ in all respects I add the following clause or clauses:

The Community Broadcasting Foundation Limited shall receive: _____

Signature of the Will maker:

SIGNED by the Will maker of this codicil in our presence and in the presence of each other:

Signature *(first witness)*

Name, address and occupation

Signature *(second witness)*

Name, address and occupation