

EMMANUEL COLLEGE CAMBRIDGE

CODICIL FORM

of			Your 1
Daclara this t	o ho a (First/Second	l/etc*) Codicil to my Will dated a	Ad.
		· ·	
the	day of	two thousand and	Date of
0	e Master, Fellows an lge ('the College')	d Scholars of Emmanuel College i	n the University
£			Amount of Legacy in u
absolutely for	·		
other proper	officer for the time	e person appearing to my Trustee being of the College shall be a ful be concerned as to the application	l discharge to my
2. <i>In</i> all other my hand	respects I confirm	my said Will <i>in witness</i> whereof I	have hereunto set
this	day of	two thousand and	
			Date of Co
as a (First/Sec	cond/etc*) Codicil to		
the	day of	two thousand and	Date of
and in his/her names as with	presence and in the nesses:	t together at the same time who a e presence of each other have here	eunto subscribed ou
Signature of 1	st Witness:		
Name:			
Address:			
Address: Occupation: _			
Address: Occupation: _ Signature of 2	2nd Witness:		
Address: Occupation: _ Signature of 2 Name:	2nd Witness:		

The completed Codicil should be kept with your Will, so please send it to your solicitor or bank, if necessary

Development Office Emmanuel College Cambridge CB2 3AP

Telephone 01223 330476

Registered Charity Number 1137456

*Delete as appropriate