CODICIL



I (full name of te	stator)	
Of address		
		Post code
Declare this Will to be the (1 st ,2 nd , 3 rd or other)		codicil to my Will dated and
made (date of Will)		in addition to any legacies
given in my said	Will, I give to the Board of Trustee	es of The Gatwick Aviation Museum:
	The sum of £	And/or
	Α	_ % share of my total estate.
And/or		
	The following specific items, nan	nely:
	[including all my vested and cont	ingent copyright and other intellectual
	property rights subsisting in the	
duties relating to t	his benefit if they obtain the written	ses and I declare that my Trustees shall have no further receipt from the treasurer or other appropriate officer confirm my said Will and all other codicils thereto
Testator signature:		Date of testator signature:
Signed by the abov	ve-named testator in our presence an	d witnessed by us jointly in his/her presence:
Witness 1		Witness 2
Signature		Signature
Full Name		Full Name
Address		Address
Date		Date
Occupation		Occupation

Please ensure that you print this codicil out on a single piece of paper, and you do not attach anything to it with a paperclip or staple. You must sign this form in the presence of two independent witnesses, who are not your executor (or their spouse) or a beneficiary of your Will (or their spouse).