## CODICIL

NAME	I,			
ADDRESS	of			
(first, second etc)	DECLARE thi	is to be a	Codicil to my Will, date	ed and made
	the	day of	Two thousand and	
1.	I give to the Ti	rustees of the Lilian	n Baylis/Ninette de Valois Trust	Fund (Charity
(Deleteasappropriate; enter proportion)	No. 208371) th	ne residue of my es	tate / a proportion of	_ of the residu
(Amount in words)	of my estate / t	the sum of	al	osolutely and l
	DIRECT that the receipt of the person appearing to my Trustees to be the			
	Honorary Treasurer of Vic-Wells Association shall be a full discharge to my			
	Trustees, who	shall not thereafter	be concerned as to the applicati	on of this gift.
2.	In all other respects I CONFIRM my said Will.			
	IN WITNESS whereof I have hereunto set my hand			
(DATE of signing)	this	day of	, Two thousand and	
NAME	Signed by the above-named			
(first, second etc)	as aCodicil to his/her Will			
(Date of original will)	Dated			
SIGNATURE				
	In the presence	e of us both present	together at the same time who a	nt his/her
	request and in	his/her presence ar	d in the presence of each other h	nave hereunto
	subscribed our	names as witnesse	s.	
	Witness name			
	Address			
	Occupation			
	Signature			
	Witness name			
	Address			
	Occupation			
	Signature			