**The Ladies’ Ski Club Limited**

**Pro-forma Codicil to Leave a Legacy to The Ladies’ Ski Club Limited**

***Notes***

*Please note there is no limit as to how many Codicils you may make but a Codicil is only suitable for straightforward alterations. The Codicil will need to be signed and witnessed in the same way as your Will and should be kept in a safe place with your Will. Please do not write on or amend your current Will or it could become invalid. We recommend that you consult your solicitor before completing this pro forma Codicil. For further information please contact the Honorary Secretary on* *secretary@ladiesskiclub.org*

*We would be grateful if you could advise us if you have left a legacy by completing the Legacy Pledge Form which can be found on the website and sending it to the Honorary Secretary.*

*Thank you for supporting The Ladies’ Ski Club Limited.*

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**Proforma Codicil**

I, (name)

of, (address)

declare this to be the [first] / [second] / [third] / [other] *(delete as appropriate)* Codicil to my Will dated [date] *(include date of existing Will).*

I give to The Ladies’ Ski Club Limited (Company number: 03667170) the sum of £ [ ] *(insert legacy amount)* with the request that it is to be used for [the General Purposes of the Club] / [for a specific stated purpose] *(delete as appropriate and if for a specific stated purpose please provide details e.g. to provide an annual grant to a potential Olympian)* and I declare the receipt of the Treasurer or other duly authorised officer shall be a full and sufficient discharge to my executors.

In all other respects I confirm my said Will (as varied by the said Codicils thereto).

AS WITNESS my hand this [date] *(include signing date)*

SIGNED by the Testator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in our presence and then by us in [his] / [her] presence:

Witness Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_