

CODICIL – New Zealand

PLEASE ATTACH THE COMPLETED CODICIL TO YOUR EXISTING WILL. WE SUGGEST YOU CONSULT YOUR SOLICITOR WHEN MAKING ANY CHANGES TO YOUR WILL.

Codicil of FULL NAME _____

This Codicil is dated DAY _____ of MONTH _____ YEAR _____

and is made by me of ADDRESS _____

I confirm my Will dated ____/____/____ in all respects, except that I

add the following clause or clauses:

The International Nepal Fellowship

[PO BOX 1230, Kathmandu, Nepal; New Zealand office: znooffice@inf.org.nz] shall receive:

SIGNATURE OF WILL MAKER: _____

Signed by the Will Maker of this Codicil in our presence, and in the presence of each other.

WITNESS 1 SIGNATURE _____

NAME, ADDRESS, OCCUPATION

WITNESS 2 SIGNATURE _____

NAME, ADDRESS, OCCUPATION
