Codicil Form

If you have already made a will you can make a simple addition to include St Hugh’s College by completing the instructions below and taking this form along to your solicitor. We recommend that you also send a copy to St Hugh’s College so that we may acknowledge your generosity.

I ........................................................................................................... (Name)

of ................................................................................................. (Address)

DECLARE this to be a .......... (first/second as appropriate) codicil to my last will, dated the.………………..day of ……………….19……./20……..("my will").

My will shall be construed and take effect as if it contained the following clause:

I give free of Inheritance Tax to:

St Hugh’s College, St Margaret’s Road, Oxford) 0X2 6LE
(Registered Charity No. 1139717)

a) ............... per cent ( ….%) (percentage in words and figures) of my residuary estate for the general purposes (or other stated purpose) of the said Charity.

b) The sum of………………………………...pounds (£…………..) (sum in words and figures) for the general purposes (or other stated purpose) of the charity.

The receipt of the Bursar or other officer for the time being St Hugh’s College shall be sufficient discharge to my Executors.

IN ALL other respects I confirm my will……………………………………………………… (and codicil dated) (date of codicil)

IN WITNESS whereof I have hereunto set my hand on this …… (day) of…… (month) of 20... (year).

Development Office
St Hugh’s College, St Margaret’s Road, Oxford, OX2 6LE
development.office@st-hughs.ox.ac.uk
+44 (0)1865 274958
www.st-hughs.ox.ac.uk
Registered Charity 1139717
SIGNED by the said………………………………………………
(Full Name)
……………………………………………………………………
(Signature of testator)
……………………………………………………………………

As and for a ……………..(first/second. etc. Please remove invalid number) codicil to his/her will in our presence

And by us jointly attested and subscribed in his/her presence.

FIRST WITNESS

Signature of Witness ..............................................................
Full Name:...........................................................................
Address..............................................................................
............................................................................................
Occupation...........................................................................

SECOND WITNESS

Signature of Witness ..............................................................
Full Name:...........................................................................
Address..............................................................................
............................................................................................
Occupation...........................................................................