

# CODICIL FOR A BEQUEST TO SAVE THE CHILDREN SOUTH AFRICA

We won't stop fighting for children's rights until every child in South Africa enjoys the same chance for learning, health and safety. Join us by leaving a legacy to Save the Children South Africa, and we can continue reaching the babies, children and adolescents who need us, through our work in child protection, health and education.

If you're writing a new Will, you'll want to take care of your family and loved ones first. After that, your financial or legal advisor can help you include Save the Children South Africa as an extra beneficiary.

If you already have an existing Will, adding a bequest to Save the Children South Africa can be done in these few easy steps.

## ADD THIS CODICIL TO YOUR WILL BY:

- Completing the details overleaf.
- Signing it in front of two witnesses, neither of whom stand to benefit from your Will or from the Codicil.
- Do not pin or staple the Codicil to your Will.
- Simply keep it together with your Will in a sealed envelope.

Thank you for joining our mission! Your bequest will help us protect South Africa's children, giving them a healthy start and the chance to learn.

## PLEASE COMPLETE IN BLOCK LETTERS:

By this ..... (insert relevant number)

Codicil to my Will dated .....

I ..... (full name)

of .....

..... (address)

in addition to the provision of my said Will, give to

Save the Children South Africa, 1067 Arcadia Street,

Hatfield, 0028, the sum of R ..... or (description

of item) .....

or the whole / .....% of my estate not otherwise

disposed of in my said Will and I direct that the receipt of

the treasurer for the time being or other duly authorised

officer shall be a sufficient discharge to my Executors/

Trustees. In all other respects I confirm my said Will.

Signed: .....

(in front of witnesses)

Date: .....

## FOR YOUR WITNESSES TO COMPLETE:

Signed by the above in our joint presence and then by us  
in his/hers.

**FIRST WITNESS:** (Prof/Dr/Rev/Mr/Mrs/Ms)

Name: .....

Address: .....

.....

Occupation: .....

Signature: .....

Date: .....

**SECOND WITNESS:** (Prof/Dr/Rev/Mr/Mrs/Ms)

Name: .....

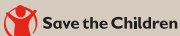
Address: .....

.....

Occupation: .....

Signature: .....

Date: .....



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