

8 Dr Savage Road West
Prinshof
P O Box 25622
Gezina 0031



NPO 012-678
Tel: 012 326 4105
admin@phyllisrobertsonhome.org.za
https://phyllisrobertsonhome.org.za

I (full name) _____

Of (address) _____

Declare this to be a _____ (1st / 2nd / appropriate number) Codicil to my last will and testament,
dated the _____ day of _____ (month) of the year _____ ('my will')

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

I give, free of inheritance tax to:

Phyllis Robertson Home for people with disabilities, 8 Dr Savage Road West, Prinshof, Pretoria, 0031
A Non-Profit Organisation registered with the Department of Social Development of South Africa
NPO 012-678

A) The sum of _____ Rands (R _____)

OR

B) _____ Percent (_____ %) of my residuary estate

For the general purposes of the organisation. The receipt of the Treasurer or financial officer of said organisation shall be sufficient discharge to my Executors.

In ALL other aspects I confirm my said will (and codicil dated _____)

IN WITNESS whereof I have signed this on this _____ day of _____ 20____

Signed by the said _____ (Name of Testator)

(Signature of Testator)

Signed by the said _____ (name) as a codicil to his/her will dated _____

In our joint presence and then by us in his/hers

First Witness

Name _____ Signature _____

Address _____

Occupation _____

Second Witness

Name _____ Signature _____

Address _____

Occupation _____

**Please send the fully completed codicil to your legal representative or bank
to be stored with your last will and testament.**