CODICIL

CODICIL		
Full Name		
Address		
Occupation		
THIS IS A COD	NCIL for my Will dated the day of	
-	and bequeath (free of all charges and duties) to D/OR (circle/delete as desired) Langham Partn	
the sum of \$ _		
OR		(nominated property)
OR 9	% (proportion of my residuary estate)	
	ims and objectives of Leadership Development ngham Partnership New Zealand (CC22580).	International (CC21651) AND/OR (circle/delete
Langham Parti	CLARE that the official receipt from Leadership nership NZ shall be a full and sufficient dischar hall not be bound to see the application therec	ge to my trustees for the same and
In all other res	spects I confirm my Will.	
DATED this	//	
Witnessed in o	our presence and attested by us in his/her pro	esence:
Signature	Signatu	ıre
Name	Name	
Occupation	Оссира	ation
Address	Addres	S
Phone	Phone	
Email	Email	

