

Bequest - Codicil

I (Title and Full Name)		
ID number		, Address ,
Contact number		, Email,
Bequeath free of all charges: (F	Please tic	ck and complete)
☐ The sum of R	(or)	
□% of my Estate	(or)	
$\ \square$ The residue of my estate	(or)	
\square A description of property or a		
To: The Scout Foundation (ReTown. Contact: ceo@scouts.org		n Number: T696/87). P.O. Box 2434 Clareinch, 7740 Cape 68 069 9463.
Signed on the day	of	of 20
Name:		
Signature:		
Signature		
Witnesses:		
1. Name:		2. Name:
Signed:		Signed:
Date:		Date:
Name of lawyer:		(A copy of this form is in the possession of the lawyer)
Contact:		
Signed:		
Date:		