

CODICIL FOR THE SOUTH AFRICAN MASS ANIMAL STERILISATION TRUST (SA.MAST)

I (*full name*) _____

Identity/Passport Number _____

of (*address*) _____

declare this to be a Codicil to my Will dated _____ (DD/MM/YYYY)

In addition to any legacies given in my said Will, I give to the South African Mass Animal Sterilisation Trust (SA.MAST) of Cnr Sizane & Sitofile Streets, G Section, Khayelitsha, Cape Town, 7784, Non-Profit Organisation Reg No. IT3310 / 2006 and Public Benefit Organisation No. 930028769 the residue of my estate* OR _____% of my estate* OR the Sum of R _____ and/or

_____ * (a specific item) to be used at the South African Mass Animal Sterilisation Trust's (SA.MAST) discretion. The receipt of the authorised officer of the South African Mass Animal Sterilisation Trust (SA.MAST) shall be an absolute discharge to my executors. * *Please complete as required and cross out those options not required.*

In all other aspects I confirm my said Will and other Codicils thereto.

Signed by the above named in our presence and witnessed by us jointly in his/her presence:

FULL NAME

SIGNED

DATE (DD/MM/YYYY)

Witnessed by:

(1) WITNESS SIGNATURE

FULL NAME

ADDRESS

OCCUPATION

DATE (DD/MM/YYYY)

(2) WITNESS SIGNATURE

FULL NAME

ADDRESS

OCCUPATION

DATE (DD/MM/YYYY)