I would require the following information:

1.1	The Donor's full name (including any middle names).
1.2	The Donor's
	i) full address including postcode
	ii) telephone number and mobile number (if any)
	iii) e-mail address (if any)
1.3	The Donor's date of birth
1.4	Any other names you are known by or have been known by in the past (e.g. maiden name).
1.5	The Attorneys'
	i) full name(s)
	ii) dates of birth.
	iii) telephone number and mobile number (if any)
	iv) e-mail address (if any).
1.6	If there is more than one Attorney, whether they are to be together or together and independent.
1.7	Do you wish to appoint a replacement attorney if an attorney becomes unable to act? Is so please supply the following:
	i) full name
	ii) date of birth.
	iii) telephone number and mobile number (if any)
	iv) e-mail address (if any).
1.8	Any limits on what assets can be dealt with.
1.9	Any limits on the size or value of transactions that can be dealt with or whether the Donor wishes Attorneys to consult about transactions above a certain value.

- 1.10 Do you have any guidance you would like to give to your Attorneys?
- 2. Names and addresses of people you wish notified if registration of the lasting power of attorney is to be made (up to five).
- 3. Is the LPA to come into operation immediately or only on physical and/or mental incapacity?
- 4. Who do you wish to be your Certificate provider (this will be an independent person who can confirm that you are making this of your own free will and fully understand its purpose and the powers you are giving your attorneys)? I will require the following:
 - i) Full name
 - ii) address
 - iii) tel
 - iv) mobile no
 - v) email address
 - vi) confirmation that either your certificate provider has known you for at least two years or is qualified/ has the necessary skill to assess mental capacity. The obvious choice would therefore be a GP.
- 5. Will a charging clause be necessary? (Only required if the attorney is a professional e.g. a lawyer or accountant).