



HE PUKA WHAKAAETANGA KIA TUKUNA ATU NGĀ PĀNGA WHENUA MĀORI KI TĒTAHI TARATI CONSENT FORM TO VEST MĀORI LAND SHARES INTO A TRUST

For more information visit www.māorilandcourt.govt.nz

Your Full Legal Name: _____

CONTACT DETAILS

Contact Address: _____

(Address to which documents or correspondence in connection with the application can be posted or delivered)

Phone Number(s) and Email Address:

Home:

Work:

Mobile:

Email Address:

Name of trust (if trust has been constituted): _____

Application number (if known): _____

NOTICE OF CONSENT

I consent to: (Please tick the statement that applies)

vest all of my Māori land interests into a trust/ the above named trust

vest some of my Māori land interests into a trust/the above named trust - please see to the attached schedule

SIGNATURE OF OWNER

Dated: / /

SIGNATURE OF WITNESS

Dated: / /

Name _____

Address _____

Occupation _____

SCHEDULE OF MĀORI LAND INTERESTS - continue on extra sheet of paper if needed

This consent form may be lodged with the Registrar at any office of the Māori Land Court.

MĀORI LAND COURT CONTACT DETAILS

TAITOKERAU

Level 1
16 Rathbone Street
WHANGĀREI

DX Box AX186
WHANGĀREI

PH: (09) 983 9940
mlctaitokerau@justice.govt.nz

TAITOKERAU

Auckland Information Office
Avanti Finance Building
65B Main Highway
Ellerslie, AUCKLAND

DX Box EX1912
AUCKLAND

PH: (09) 279 5850
mlctamakimakaurau@justice.govt.nz

WAIKATO-MANIAPOTO

Level 2, BNZ Centre
354-358 Victoria St
HAMILTON

DX Box GX111
HAMILTON

PH: (07) 957 7880
mlcwaikato@justice.govt.nz

WAIARIKI

Hauora House
1143 Haupapa St
ROTORUA

DX Box JX1529
ROTORUA

PH: (07) 921 7402
mlcwaiairiki@justice.govt.nz

TAIRĀWHITI

Te Rā Tū
37 Gladstone Road
GISBORNE

DX Box LX10006
GISBORNE

PH: (06) 869 0370
mlctairawhiti@justice.govt.nz

TĀKITIMU

Hastings District Court
16 Eastbourne Street West
HASTINGS

DX Box MX124
HASTINGS

PH: (06) 974 7630
mlctakitimu@justice.govt.nz

AOTEA

Ingestre Chambers
74 Ingestre Street
WHANGANUI

DX Box PX127
WHANGANUI

PH: (06) 349 0770
mlcaotea@justice.govt.nz

TE WAIPOUNAMU

Christchurch Justice & Emergency
Services Precinct, Level 1,
20 Lichfield Street
CHRISTCHURCH

DX Box WX11124
CHRISTCHURCH

PH: (03) 962 4900
mlctewaipounamu@justice.govt.nz

WHAKAPAPA

1. Full names of owner:

.....

2. Full names of owner's children:

a.	b.
c.	d.
e.	f.
g.	h.

3. Full names of owner's parents (please state relationship, if whāngai - please indicate):

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4. Full names of owner's brothers and sisters: *(if any and specify whether full brother or sister, whether half brother or sister, whether any were adopted in or out of family, whether legally or as a whāngai)*

a.
b.
c.
d.
e.
f.
g.