

## HE TONO KIA WHAKAAETIA E TE KOOTI TE TUKU I TĒTAHI PĪRA TŌMURI APPLICATION FOR LEAVE TO APPEAL OUT OF TIME

Section 58(3) of Te Ture Whenua Māori Act 1993

For more information visit [www.māorilandcourt.govt.nz](http://www.māorilandcourt.govt.nz)

### WHAT IS THIS FORM FOR?

This form is used to apply to the Māori Appellate Court for leave to appeal a decision after the time limit for filing an appeal has expired, in accordance with section 58(3) of Te Ture Whenua Māori Act 1993 and rule 8.14(2) of the Māori Land Court Amendment Rules 2026.

### NOTES

- 1) If any paragraph in this form does not provide sufficient room for your response or you wish to provide further particulars, continue on a separate sheet of paper (unless this application is made by email or online).
- 2) Information provided in all applications forms part of the Court's permanent record under rule 7.19 of the Māori Land Court Rules 2011. Where required, information provided in this application will be included in resulting orders of the Court.

Office use:

Application: ACCEPTED / REFUSED

Dated: .....

Signed: .....

Name: .....

Designation: .....

**I Te Kooti Pira Māori o Aotearoa**

The Māori Appellate Court of New Zealand

Please select one District	<input type="checkbox"/> Taitokerau	<input type="checkbox"/> Waikato-Maniapoto	<input type="checkbox"/> Waiariki
<input type="checkbox"/> Tairāwhiti	<input type="checkbox"/> Tākitimu	<input type="checkbox"/> Aotea	<input type="checkbox"/> Te Waipounamu

**APPLICATION FOR LEAVE TO APPEAL OUT OF TIME:**

I / We .....(state full name)

seek leave to file out of time the attached notice of appeal, which relates to *(provide details of the proceedings)*

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I / We .....(state full name)

seek to appeal against *(state whether the appellants wish to appeal against all or part of the decision; if just part, identify that part)*

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**REASONS FOR DELAY IN FILING:**

*(State the reasons for the delay in filing notice of appeal)*

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**FOUNDATIONS FOR EXTENSION OF TIME:**

*(State grounds for the application for leave to appeal out of time or indicate that a statement of grounds is attached to this document)*

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Preferred place of hearing:

Signature(s):

Dated: / /

(appellant(s) / Counsel / Solicitor for appellant(s) *select one*)

Dated: / /

## CONTACT DETAILS

Contact Address: .....

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

Phone Number(s):

Home:	Work:	Mobile:
Email Address:		

NOTE: Where email addresses are given these may be used as a means of notice and service.

Fee: \$68

### Checklist of documents required:

- Statement of grounds attached to this document (if not included in the application)
- Notice of appeal

## MĀORI LAND COURT CONTACT DETAILS

Applications should be lodged with the Registrar in the Māori Land Court District in which some or all of the lands or the subject matter of the application is located.

### TAITOKERAU

Level 1  
16 Rathbone St  
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### WAIARIKI

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### TAIRĀWHITI

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### TĀKITIMU

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### TE WAIPOUNAMU

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