

APPLICATION TO FORM WHĀNAU TRUST

TO BE USED ONLY WITH AN APPLICATION FOR SUCCESSION

Te Ture Whenua Māori Act 1993
 Section 214

For more information visit www.māorilandcourt.govt.nz

Name of deceased:

The common tupuna name is:

Name of Whānau Trust to be:

TICK THE APPROPRIATE CHECKBOX:

- The beneficiaries entitled to succeed have agreed to constitute a Whānau Trust and vest the interests of the deceased into the proposed trustees.
- The proposed trustees were elected by the beneficiaries entitled at a meeting held at
on
- A copy of the minutes of the meeting held to constitute the Whānau Trust are attached.

PROPOSED TRUSTEES TO BE APPOINTED:

Name:
Name:
Name:
Name:
Name:
Name:

Signed by the Applicant (s):	
	Dated: / /
	Dated: / /

NOTE: (i) Consents of all beneficiaries to an estate must be filed.
 (ii) Consents of all trustees must be filed.
 (iii) Consents must be evidenced by –
 (a) completion of this form or
 (b) consent at family meeting evidenced by minutes of that meeting or
 (c) completion and production of separate forms of consent.

CONSENT

We, the undersigned, consent to the formation of the Whānau Trust and, where named above as a trustee, consent to our appointment. *(please continue on a separate sheet if necessary)*

Name
Address
Email:
Please <input checked="" type="checkbox"/> tick the statement(s) that apply <input type="checkbox"/> Proposed Trustee <input type="checkbox"/> Beneficiary/Owner
signature

Name
Address
Email:
Please <input checked="" type="checkbox"/> tick the statement(s) that apply <input type="checkbox"/> Proposed Trustee <input type="checkbox"/> Beneficiary/Owner
signature

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Address
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Please <input checked="" type="checkbox"/> tick the statement(s) that apply <input type="checkbox"/> Proposed Trustee <input type="checkbox"/> Beneficiary/Owner
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