

APPLICATION TO DETERMINE SUCCESSORS FOR SOUTH ISLAND LANDLESS NATIVES (SILNA) LANDS

Toitōi SILNA Block (Crown Land Block VIII Lords River Survey District)

The Ngāi Tahu Claims Settlement Act 1998, Section 455(1);
Te Ture Whenua Māori Act 1993, Sections 29 and 113; and
The Ngāi Tahu Deed of Settlement, Clause 15.6.2

For more information, email mlcsilna@justice.govt.nz

RESET FORM

WHAT IS THIS FORM FOR?

This application form has been modified specifically for use in determining the successors for South Island Landless Natives (SILNA) lands in accordance with Part 15 of the Ngāi Tahu Deed of Settlement.

The Māori Land Court is conducting an inquiry to establish the successors to SILNA lands pursuant to Section 29, Te Ture Whenua Māori Act 1993 in accordance with an application filed by the Minister of Māori Affairs, currently under application A20180009373.

HOW TO FILE AND COMPLETE THIS APPLICATION FORM

- a) This form must be filed at the office of the Court at Christchurch;
- b) Please ensure that all information required on the form is completed;
- c) Where possible, please supply the names and contact details of the successors that are listed in this form;
- d) Due to the nature of these applications, and in terms of the Court's inquiry under section 29 of Te Ture Whenua Māori Act 1993 and in recognition of the provisions of Part 15 of the Ngāi Tahu Deed of Settlement, the Registrar for Te Waipounamu District has approved a waiver of filing fees for applications filed on this form.
- e) Where the tick boxes are provided please ensure you tick all those boxes that apply to your application, unless you are required to select one box, then only select the box that applies;
- f) Where alternative word choices are indicated, for example, male/female*, select the word or phrase that applies. Where alternative statements are indicated, select the statement that applies
- g) If there is insufficient room on the form to provide all the required information you should continue your application on a separate sheet of paper; and
- h) Additional information – in addition to completing this form, if the application requires you to provide further information you must include all documents, information or evidence you wish the Court to consider.

The Māori Land Court of New Zealand

All SILNA lands are located in **Te Waipounamu Māori Land Court District**.

NAME OF DECEASED: (List all possible names that the deceased may have been known by including any aliases)

APPLICATION:

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

apply pursuant to section 113 of Te Ture Whenua Māori Act 1993 (as provided for in Clause 15.6.2 of the Ngāi Tahu Deed of Settlement and in accordance with the Court’s inquiry under section 29 of Te Ture Whenua Māori Act 1993), for determination of the successors to the deceased. The Court’s jurisdiction is conferred by Section 455(1) of the Ngāi Tahu Claims Settlement Act 1998.

The Court is conducting an inquiry to determine the successors to those persons approved as being potentially entitled to the Toitōi SILNA Block. The determination is required under the terms set out in Clause 15.6.2 of the Ngāi Tahu Deed of Settlement where the determination is decided by the Court as though the lands were Māori lands and in accordance with section 109 Te Ture Whenua Māori Act 1993 as though the deceased left no will. The Clause relied upon in the Ngāi Tahu Deed of Settlement for this determination is as follows:

“Clause 15.6.2 Manner of Identifying Successors and Their Interest in the SILNA Lands

Te Runanga and the Crown agree that the Crown, through the Minister of Māori Affairs, will request the Māori Land Court, pursuant to section 29 of the Te Ture Whenua Māori Act 1993, to identify all of the Successors and their relative beneficial interest in the SILNA Lands by identifying all persons entitled to succeed to the interest of an Original Beneficiary in the SILNA Lands as if section 109 of the Te Ture Whenua Maori Act 1993 applied to the Original Beneficiary, and to every Successor to the Original Beneficiary, upon his or her death (notwithstanding that he or she may not have died intestate and that the SILNA Lands are not Maori freehold land) up until the date of the Maori Land Court’s determination in accordance with this clause 15.6.2”

I / we seek an order to determine the successors to the deceased, and their proportions, in respect of the Toitōi Block and to substitute the deceased for those successors.

1 RELATIONSHIP TO DECEASED

My/our relationship to the deceased was:

(specify relationship ie father, mother, sister, brother or not related)

Deceased’s gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse
Deceased’s age:	Date of death:		
Place of death:			

(A copy of the death certificate is provided (see note 1 on page 9)

2 I / WE ATTENDED THE TANGI OR FUNERAL OF THE DECEASED:

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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3 I / WE UNDERSTAND THAT ANY WILL OF THE DECEASED DOES NOT APPLY TO SUCCESSION FOR SILNA LANDS:

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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4 I/WE CONSENT TO ALL CONTACT DETAILS FOR MYSELF AND MY WHĀNAU PROVIDED ON THIS APPLICATION FORM BEING SHARED WITH THE GOVERNMENT AGENCIES TE PUNI KŌKIRI AND TE ARAWHITI (THE OFFICE FOR MĀORI CROWN RELATIONS)

(see note 7 on page 9)

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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5 THE FULL NAMES OF ANY SPOUSE(S) CIVIL UNION PARTNER(S) OR DE FACTO PARTNER(S) (including deceased persons and dates of death) ARE:

Full name	Spouse	Civil union	DeFacto	Date of death
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6 WHAKAPAPA

Full name of deceased's parents:	Male	Female	GD	Deceased
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Full name of deceased's brothers and sisters:	Male	Female	GD	Deceased
(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(f)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(g)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(j)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(k)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
(l)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

7 NEXT OF KIN

Select and tick the statement that applies:

- The deceased left children or their issue as next of kin and they are listed below; or
- The deceased had no children but left brothers and sisters or their issue as next of kin and they are listed below; or
- The deceased left no children or brothers and sisters as next of kin, but I/we list below or attach a whakapapa record showing the next of kin to the deceased, including, where possible, the names, sex, age, and postal address of those next of kin living at the date of death of the deceased.

Important notes - please read before filling out the table

- If a person is deceased, instead of address write the date of death, and, as the case may be, write DI to indicate deceased with children, or DNI to indicate deceased with no children:
- Include any persons who have been legally adopted into or out of the family indicating as such
- Give details of all next of kin including any child or sibling excluded under any will.
- DOB – date of birth

1	Full name	Gender	DOB
	Email		
	Postal address		
2	Full name	Gender	DOB
	Email		
	Postal address		
3	Full name	Gender	DOB
	Email		
	Postal address		
4	Full name	Gender	DOB
	Email		
	Postal address		
5	Full name	Gender	DOB
	Email		
	Postal address		
6	Full name	Gender	DOB
	Email		
	Postal address		
7	Full name	Gender	DOB
	Email		
	Postal address		

8	Full name	Gender	DOB
	Email		
	Postal address		
9	Full name	Gender	DOB
	Email		
	Postal address		
10	Full name	Gender	DOB
	Email		
	Postal address		
11	Full name	Gender	DOB
	Email		
	Postal address		
12	Full name	Gender	DOB
	Email		
	Postal address		
13	Full name	Gender	DOB
	Email		
	Postal address		
14	Full name	Gender	DOB
	Email		
	Postal address		

8 SPECIFY THE FULL NAMES OF THE PARENTS OF EACH NEXT OF KIN (ABOVE)

Where there are different parents – identify the parents by reference to the numbers before the names of each next of kin (above). For example: The parents of numbers 1 to 6 are.....; or the parents of number 7 is.....; or the parents of numbers 8 and 10 are.....

.....

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9 WHERE ANY NEXT OF KIN LISTED IN QUESTION 7 ARE DECEASED WITH CHILDREN

Write the corresponding number of that person in question 7 (above) in the table below and the name of each child and their details. Repeat this process if there is more than one child or more than one next of kin who is deceased leaving children.

No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		
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	Postal address		
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	Postal address		
No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		
No:	Full name	Gender	Age
	Postal address		

Please continue on a separate sheet if necessary. Where any of the above children is deceased, list their children on a separate sheet in the same manner as above.

10 DID THE DECEASED LEGALLY ADOPT ANY CHILDREN INTO THEIR FAMILY OR WERE ANY CHILDREN ADOPTED OUT OF THE FAMILY?

<input type="checkbox"/> YES - if YES complete the details below:	<input type="checkbox"/> NO - if NO go to question 11
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Name	Tick as appropriate		Date of adoption
	Adopted in <input type="checkbox"/>	Adopted out <input type="checkbox"/>	
	Adopted in <input type="checkbox"/>	Adopted out <input type="checkbox"/>	
	Adopted in <input type="checkbox"/>	Adopted out <input type="checkbox"/>	
	Adopted in <input type="checkbox"/>	Adopted out <input type="checkbox"/>	
	Adopted in <input type="checkbox"/>	Adopted out <input type="checkbox"/>	
	Adopted in <input type="checkbox"/>	Adopted out <input type="checkbox"/>	

11 I/WE UNDERSTAND THAT ANY WHĀNGAI TO THE DECEASED IS NOT ENTITLED TO SUCCEED TO SILNA INTERESTS AS SUCCESSION IS ORDERED UPON INTESTACY AS SET OUT IN SECTION 113 TE TURE WHENUA MĀORI ACT 1993

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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List any whāngai children below if you wish them to be acknowledged in the Court record

.....

.....

.....

12 HAS THERE BEEN PREVIOUS SUCCESSION TO THE DECEASED?

<input type="checkbox"/> YES (If yes specify the following details)	<input type="checkbox"/> NO
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Place(s)
Date(s)
Minute book reference(s)

13 OTHER COMMENTS YOU MAY WISH TO MAKE ON THIS APPLICATION

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.....

AFFECTED PARTIES

Are there any parties (persons, groups or authorities) who will be affected by this application? Affected parties include successors to the deceased and persons who may have an interest that may be affected by this application.

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, complete the list of affected parties by providing their name and contact details. Continue on a separate sheet if necessary.

1.	Full Name	
	Postal Address	
	Email	Phone

2.	Full Name	
	Postal Address	
	Email	Phone

3.	Full Name	
	Postal Address	
	Email	Phone

4.	Full Name	
	Postal Address	
	Email	Phone

SIGNATURE OF APPLICANT(S)

Dated:

Dated:

Dated:

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

Postal address

Home phone

Mobile phone

Work phone

Fax

Email

APPLICATION FEES

Due to the nature of these applications, and in terms of the Court's inquiry under section 29 of Te Ture Whenua Māori Act 1993 and also in recognition of the provisions of Part 15 of the Ngāi Tahu Deed of Settlement, the fee for applications filed on this form has been waived by the Deputy Registrar pursuant to Regulation 7 of the Māori Land Court Fees Regulations 2013 and is limited to SILNA lands affect by the Deed of Settlement.

NOTES TO ASSIST APPLICANTS

1 Death certificate

The original or a photocopy of the death certificate should be filed. If a death certificate is not readily available by reasonable inquiry, the Court may accept other evidence as to death. If death has been established at a previous hearing, a further death certificate may not be required.

2 Whakapapa

The information provided in question 6 helps the Court staff in their research to prepare the application for a Court hearing — any additional whakapapa could also help the Court in its search.

3 Next of kin

Next of kin for the purposes of this succession are children of the deceased. If there are no children, then next of kin are brothers and sisters. If there are neither children of the deceased nor brothers or sisters, then next of kin are the nearest relatives on the side of the family from whom the land originated. Generally speaking, where next of kin die before the person from whom succession is sought, the children of the next of kin are entitled to the share they would have received had they survived the deceased.

4 Notice of hearing

While an applicant is not required to give formal notice of hearing to other beneficiaries, he or she is expected to consult with them and advise them of the application and when it is to be heard. If this is not done, the Court may direct that formal notice be given to the beneficiaries.

5 Wills

Wills do not apply to these successions to SILNA Lands under the Court's inquiry under section 29 of Te Ture Whenua Māori Act 1993. Successors are determined upon intestacy as set out in section 109 Te Ture Whenua Māori Act 1993.

6 Checklist of documents required:

- Death certificate or other evidence as to death (see note 1 above)
- Whakapapa, where possible

7 Sharing of contact details

Contact information of potential owners for the SILNA blocks under the Ngāi Tahu Deed of Settlement, with permission, are shared with Te Puni Kōkiri and Te Arawhiti (Office of Māori Crown Relations). The purpose of this is to allow those government agencies to share information and hold consultation with potential owners to enable their informed decision making when it comes to SILNA land interests. This is separate from the Court's own processes and is not to be confused with any hui or Court hearing lead by the Māori Land Court.

MĀORI LAND COURT CONTACT DETAILS

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

TAITOKERAU

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WHANGĀREI

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