

# GENERAL FORM OF APPLICATION

Te Ture Whenua Māori Act 1993

Section(s).....

(State number of section(s) under which application is made)

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

## WHAT IS THIS FORM FOR?

Applications that do not have a prescribed form in the rules must be completed using this form. This form is designed to be generic and allow for different types of application under Te Ture Whenua Māori Act 1993.

## HOW TO FILE AND COMPLETE THIS APPLICATION FORM

- (i) This form must be accompanied with the appropriate application fee (if any) and may be filed at any office of the Court (with the exception of an application seeking leave to appeal out of time which must be lodged in the Office of the Chief Registrar);
- (ii) As this is a general application form, please ensure that all information required on the form is completed;
- (iii) If the order sought is against one or more other parties you must supply the names and contact details of those parties;
- (iv) Where 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;
- (v) 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
- (vi) 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.

Office use:

Application: ACCEPTED / REFUSED

Dated: .....

Signed: .....

Name: .....

Designation: .....



## AFFECTED PARTIES:

Are there any parties who will be affected by this application? (affected parties include any owners, beneficiaries or occupiers of the land who have an interest that may be affected by this application)

YES (Complete the list of affected parties by providing their name and contact details)

NO

Preferred place of hearing:

Signature of Applicant(s):

Dated: / /

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:

Fax:

Email Address:

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

Fee: \$

(Depending on the type of application a fee of \$20.00, \$60.00 or \$200.00 may apply. If you are unsure of the fee that applies please contact your local Māori Land Court office for further assistance)

## 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

L3, Manaia House  
41 Rathbone St  
WHANGĀREI

DX Box AX10086  
WHANGĀREI

PH: (09) 983 9940  
Fax: (09) 983 9941  
mlctaitokerau@justice.govt.nz

### TAITOKERAU

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

DX Box EX10912  
AUCKLAND

PH: (09) 279 5850  
Fax: (09) 279 5852  
mlctamakimakaurau@justice.govt.nz

### WAIKATO-MANIAPOTO

L2, BNZ Centre  
354-358 Victoria St  
HAMILTON

DX Box GX10101  
HAMILTON

PH: (07) 957 7880  
Fax: (07) 957 7881  
mlcwaikato@justice.govt.nz

### WAIARIKI

Hauora House  
1143 Haupapa St  
ROTORUA

DX Box JX10529  
ROTORUA

PH: (07) 921 7402  
Fax: (07) 921 7412  
mlcwaiariki@justice.govt.nz

### TAIRĀWHITI

Ngā Wai e Rua Building  
Cnr Lowe Str & Reads Quay  
GISBORNE

DX Box PX10106  
GISBORNE

PH: (06) 869 0370  
Fax: (06) 869 0371  
mlctairawhiti@justice.govt.nz

### TĀKITIMU

L2, Heretaunga House  
Corner Lyndon & Warren Strs  
HASTINGS

DX Box MX10024  
HASTINGS

PH: (06) 974 7630  
Fax: (06) 974 7631  
mlctakitimu@justice.govt.nz

### AOTEA

Ingestre Chambers  
74 Ingestre Street  
WHANGANUI

DX Box PX10207  
WHANGANUI

PH: (06) 349 0770  
Fax: (06) 349 0771  
mlcaotea@justice.govt.nz

### TE WAIPOUNAMU

Justice and Emergency Precinct  
20 Lichfield Street  
CHRISTCHURCH

DX Box WX11124  
CHRISTCHURCH

PH: (03) 962 4900  
Fax: (03) 962 4901  
mlctewaipounamu@justice.govt.nz

**LIST OF AFFECTED PARTIES**

The names and contact details of persons, groups or authorities who you think have an interest that might be affected by this application

Name .....

Postal Address .....

Email Address .....

Phone No. ....

Name .....

Postal Address .....

Email Address .....

Phone No. ....

Name .....

Postal Address .....

Email Address .....

Phone No. ....

Name .....

Postal Address .....

Email Address .....

Phone No. ....

Name .....

Postal Address .....

Email Address .....

Phone No. ....

Name .....

Postal Address .....

Email Address .....

Phone No. ....

## SCHEDULE 2 WHAKAPAPA DETAILS

Note: Only complete this schedule if whakapapa is required for your application.

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): .....

.....

.....

.....

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. |