

# 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.justice.govt.nz/courts/maori-land-court](http://www.justice.govt.nz/courts/maori-land-court)

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

Name
Address
Email:
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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