

CONSENT TO BE APPOINTED AS TRUSTEE

Te Ture Whenua Māori Act 1993 Sections 220, 222 and 239

 $For more information\ visit\ www.justice.govt.nz/courts/maori-land-court$

WHAT IS THIS FORM FOR?

Use this form to indicate that you consent to be appointed as a trustee for any trust involving the jurisdiction of the Māori Land Court.

Your Full Legal Name:				
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:				
NOTICE OF CONSENT				
I hereby confirm as follows that: (Please tick the statement that applies)				
I do not have any criminal convictions for dishonesty or any other offences that may disqualify me from being a trustee;				
I do not have any civil or criminal proceedings pending before any Court;				
I am not currently an un-discharged bankrupt or subject to any proceedings under the Insolvency Act 2006;				
I am not subject to a compulsory detention order, or suffer from any condition covered under, the Mental Health (Compulsory Assessment and Treatment) Act 1992;				
I am not subject to any property order made under the Protection of Personal Property Rights Act 1988, or in related to Kaitiaki Trust orders involving disability;	ation			

I have not previously been removed as a trustee of any trust by the High Court under the Trustee Act 1956 or by the Māori Land Court under section 240 of Te Ture Whenua Māori Act 1993;						
I consent to my appointment as a trustee for the (enter name of trust):						
	<u>;</u>					
I was nominated at a hui/meeting held on: (date)					
at (venue)	at (venue);					
I undertake to familiarise myself with the tru	ust order/deed or regulations associated with the trust;					
I will properly carry out my duties as a trustee; and						
I am 20 years of age or older.						
The country in which I currently reside is:						
relevant):	t your suitability as a trustee, please supply the following information (if m or was a member of other organisations, namely:					
Name of Trust/Committee	Position held					
b) I have the following relevant work or other experience; e.g kaumātua associated with the land or reservation:						
Place of work	Position or responsibilities					

c) I have the following qualifications:

Qualification	Year attained			Institute	
SIGNATURE OF PROPOSED TRUSTEE		Dated:	/	/	
SIGNATURE OF WITNESS		Dated:	/	/	
Name					
Address					

MĀORI LAND COURT CONTACT DETAILS

Occupation

This consent form should be lodged along with the appropriate application with the Registrar of the Māori Land Court where you application will be heard

TAITOKERAU	TAITOKERAU	WAIKATO MANIAPOTO	WAIARIKI
L2, Manaia House	Auckland Information Office	L2, BNZ Centre	Hauora House
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Ngā Wai e Rua Building	L2, Heretaunga House	Ingestre Chambers	30 Sheffield Crescent
Cnr Lowe Str & Reads Quay	Corner Lyndon & Warren Strs	74 Ingestre Street	Burnside
GISBORNE	HASTINGS	WHANGANUI	CHRISTCHURCH
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