

CONSENT TO BE APPOINTED AS TRUSTEE

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

For more information visit www.maorilandcourt.govt.nz

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 relation to Kaitiaki Trust orders involving disability;

☐ 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):

.....;

☐ I was nominated at a hui/meeting held on: (date).....
at (venue)

☐ I undertake to familiarise myself with the trust 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:

.....

To enable the Court to make a determination about your suitability as a trustee, please supply the following information (if relevant):

a) I am a current or past trustee on other trusts or am 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	
Occupation	

MĀORI LAND COURT CONTACT DETAILS

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

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