

# NOTICE TO ACCOMPANY SERVICE OF APPLICATION

Te Ture Whenua Māori Act 1993

For more information visit [www.justice.govt.nz/courts/maori-land-court](http://www.justice.govt.nz/courts/maori-land-court)

## The Māori Land Court/Māori Appellate Court of New Zealand

(Please select the name of the Māori Land Court District in which the application was lodged)

Please select one District	<input type="checkbox"/> Taitokerau	<input type="checkbox"/> Waikato Maniapoto	<input type="checkbox"/> Wairiki
<input type="checkbox"/> Tairāwhiti	<input type="checkbox"/> Tākitimu	<input type="checkbox"/> Aotea	<input type="checkbox"/> Te Waipounamu

### NOTICE OF APPLICATION

#### SUBJECT OF APPLICATION - BLOCK / DECEASED / OTHER MATTER:

(Please state name and block number of land, Māori incorporation, person or other matter in respect of which the application is made)

.....  
 .....

On (date on which application was filed) ..... I / We (state your full name(s)) .....

.....  
 .....

filed an application affecting the above land in the Māori Land Court/Māori Appellate Court at: (Complete the physical and postal addresses for the Court)

Physical address:

.....  
 .....

Postal address:

.....  
 .....

Phone: .....

A copy of the application and any supporting documents are attached.

HEARING OF APPLICATION

The application is: (Please tick the statement that applies )

Set down for hearing; or

Expected to be heard

at a sitting of the Court at: (Complete the hearing details)

Physical address:

.....  
.....  
.....

Date:

.....

Time:

..... am / pm

You are entitled to appear at the hearing.

If you wish to appear you should contact the Court and file a Notice of Intention to Appear on Form 5 and serve a copy on the applicant. This will assist the Court in dealing with the hearing and enable it to contact you over the hearing should the need arise.

SIGNATURE OF APPLICANT

Dated:        /        /

APPLICANT'S CONTACT DETAILS

Contact Address: .....  
.....  
.....

Applicant's Contact Phone Number(s):

Home:

Work:

Mobile:

Fax:

Email Address: