Te Kooti Whenua Māori
Māori Land Court

Form 13
Rule 8.8(a)

NOTICE OF APPEAL

Act: Te Ture Whenua Māori Act 1993 *or* .....
(If the application is not under Te Ture Whenua Māori Act give details as to the Act)

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

For more information visit www.māorilandcourt.govt.nz

RESET FORM

WHAT IS THIS FORM FOR?

Use this form to file an appeal against a final decision or determination of the Māori Land Court.
An appeal under Te Ture Whenua Māori Act 1993 may only be lodged within 2 months from the date of the decision or determination, unless accompanied by an application seeking leave to appeal out of time on Form 1.

Different time frames for filing may apply to appeals under other Acts.

This form should not be used if the decision or determination of the Māori Land Court is an interim or preliminary decision in which there remain outstanding matters for the Court to address. In such cases form 14 should be completed.

HOW TO FILE AND COMPLETE THIS APPLICATION FORM

(i) This form must be accompanied with the appropriate application fee and be filed in the Office of the Chief Registrar;

(ii) Please ensure that all information required on the form is completed;

(iii) You must supply a list of Respondents and/or affected parties and their contact details;

(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: .....

Māori Appellate Court, Wellington

NOTICE:

I / We .....

.....*(state full name)*

appeal from a

☐ Decision	☐ Determination

of the Court made at .....

..... Dated: / /

Being a

☐ Final Order	☐ Refusal to make an order
☐ A provisional or preliminary determination	

NATURE OF ORDER:

(Specify nature of order or determination, including details of any land affected)

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GROUNDS FOR APPEAL

(State grounds of the appeal or indicate that a statement of grounds is attached)

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Signature of Applicant(s):

Dated: / /

CONTACT DETAILS

Contact Address: .....

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.....

(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: $ 399.00

MĀORI APPELLATE COURT CONTACT DETAILS

This application must be filed with the Chief Registrar of the Māori Appellate Court

OFFICE OF THE CHIEF REGISTRAR
Māori Appellate Court
L7, Fujitsu Tower
141 The Terrace
WELLINGTON

DX Box SX11203
WELLINGTON

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