

# Notice of Cascading and Forking

This application form is for use under the Saskatchewan Commercial Innovation Incentive (SCII) program, also known as the “Patent Box” program. This application is made under the provisions of *The Saskatchewan Commercial Innovation Incentive Act* and *Regulations* for approval of cascading/forking innovations.

Financial Programs Branch  
1000 – 2103 11<sup>th</sup> Avenue  
Regina, SK S4P 3Z8  
Phone: 306-787-7632

## SECTION 1: CONTACT PERSON INFORMATION

First Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Last Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## SECTION 2: COMPANY INFORMATION

Full legal name of company: \_\_\_\_\_

Address of company: \_\_\_\_\_

Company website address: \_\_\_\_\_

Operating name, if different than legal: \_\_\_\_\_

## SECTION 3: CASCADING AND FORKING DETAILS

*If additional space is required for any of the following questions, please attach alphabetized appendices.*

1. Provide a detailed explanation of the proposed cascading innovation or forking innovation that is related to the previously approved SCII Scientific Eligibility. (i.e., the good, service or process).

2. From the lists below, please select all boxes that apply to the intellectual property (IP) rights and ownership status relating to the proposed innovation.

Patent Status in Canada	Patent Status International	IP Licenses	Other IP Protection
None filed	None filed	No patent/copyrights	None/not applicable
Filed, pending approval	Patent Cooperation Treaty filed Filed, pending approval	Owned by the applicant company	Trade secrets
1-3 granted	1-3 granted	Written license from Canadian 3 <sup>rd</sup> party	Trademarks
More than 3 granted	More than 3 granted	Written license from non-Canadian 3 <sup>rd</sup> party	Copyright
			Plant Breeders' Rights
			Industrial Design Right
			Other

Yes **MANDATORY:** I confirm that a copy of all relevant patents, IP licenses, or proof of plant breeders' rights approval are attached.

3. Describe the IP, whether owned or licensed. Clearly indicate the dates that the patents or licenses will expire. For IP licenses, clearly indicate if the relationship is exclusive or non-exclusive and provide associated details.



**SECTION 4: DECLARATION – AUTHORIZED OFFICIAL OF THE APPLICANT ORGANIZATION ACKNOWLEDGEMENTS**

Check off each box below before signing; failure to do so renders this application as invalid.

	I confirm that I have read and agree with the above acknowledgements and certify that all statements and information furnished in this application are true, complete, and correct to the best of my knowledge.
	I confirm that I am authorized to sign this application on behalf of the applicant corporation.
	I confirm that I understand all SCII program requirements and obligations, as defined in: <ol style="list-style-type: none"> <li>1. The <a href="#">SCII Program Overview and Application Instructions</a> document.</li> <li>2. <a href="#">The Saskatchewan Commercial Innovation Incentive (Patent Box) Act</a> and <a href="#">Regulations</a>.</li> <li>3. <a href="#">The Income Tax Act, 2000</a>, section 64.6.</li> </ol>
	I confirm that I understand the legal requirements pertaining to identifying/establishing an SCII eligible corporation before qualifying commercialization activities in Saskatchewan occur.
	I confirm that I understand the program requirements pertaining to sharing any reasonably requested corporate information and documentation, as may be required by the Government of Saskatchewan to determine program eligibility and/or qualifying tax rebate payments.
	I understand that my application details may be shared internally within the Government of Saskatchewan for budgeting, planning, evaluation, and audit purposes.
	I understand that this application to the Government of Saskatchewan is subject to public information requests, as per <i>The Freedom of Information and Protection of Privacy Act</i> .

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

*Print the name and title of the individual with the signing power/authority to enter into this agreement. **Note:** This person may be different from the contact person.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The signature of the individual with the signing power/authority to enter into this agreement.*

**DO NOT EMAIL THIS FORM OR ANY SUPPORTING DOCUMENTS**

Submit this document using the secure and confidential electronic transfer program provide in the SCII Scientific Eligibility stage.