

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 11th 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 Written license from Canadian 3 rd party Written license from non-Canadian 3 rd party	Trade secrets Trademarks
1-3 granted	1-3 granted		Copyright
More than 3 granted	More than 3 granted		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.

4. Provide a detailed explanation concerning how the IP in the organization's original SCII *Application for Scientific Eligibility* is directly related, in whole or part, to the proposed cascading innovation or forking innovation.
5. Provide a detailed explanation concerning how it can be verified that the proposed cascading innovation or forking innovation is directly linked to the relevant IP contained in the organization's original SCII *Application for Scientific Eligibility*.
6. Does the applicant organization have a written outside endorsement(s) concerning how the proposed cascading innovation or forking innovation is directly linked to the relevant IP contained in the organization's original SCII *Application for Scientific Eligibility*?

Yes

No

If yes: I confirm that the written outside endorsement(s) are attached.

Yes

No

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"> 1. The SCII Program Overview and Application Instructions document. 2. The Saskatchewan Commercial Innovation Incentive (Patent Box) Act and Regulations. 3. The Income Tax Act, 2000, section 64.6.
	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.