

**1. CLIENT INFORMATION**

Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

e-mail: \_\_\_\_\_

**2. CASE REFERENCE: \_\_\_\_\_**

**3. TITLE OF INVENTION**

(The title must agree with the title indicated in the assignment document, if applicable)

\_\_\_\_\_

\_\_\_\_\_

**4. INVENTOR(S)**

(Please provide full names)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



Name:

Address:

Name:

Address:

Name:

Address:

**5. ASSIGNEE**

(If Assignee is a company, please give legal name.)

Name:

Address:

Does the assignment transfer the entire rights in Canada for the invention?

YES  NO

If no, please specify proportion of rights assigned: \_\_\_\_\_

**PRIORITY APPLICATION(S)**

If priority is to be claimed, please list **all** prior related applications outside Canada including any applications filed more than 12 months ago.

Country: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Filing Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Country: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Filing Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

**6. DETAILS OF PRIORITY APPLICATIONS**

Please specify if one or more of the priority applications listed in (6) is a continuing application, i.e., continuation, continuation-in-part, divisional of an additional application.

YES  NO

If yes, please give details:

\_\_\_\_\_  
\_\_\_\_\_

**7. DETAILS OF ANY DISCLOSURE**

A valid application can be filed in Canada up to one year following the first public disclosure of the invention **anywhere**, directly or indirectly by the inventor(s).

This invention **has not been** previously disclosed

This invention **has been** previously disclosed

If this invention has been previously disclosed, please give the details of the disclosure, including the date.

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**8. EXAMINATION REQUEST**

Substantive examination of a patent application in Canada may be deferred for a period of 5 years from the filing date.

Please **request** substantive examination of this application

Please **defer** substantive examination of this application

**9. DOCUMENTS REQUIRED FOR COMPLETION OF THE APPLICATION**

Please indicate which of the documents are provided.

	<b>ENCLOSED</b>	<b>TO FOLLOW</b>
Petition*	<input type="checkbox"/>	<input type="checkbox"/>
Appointment of Agent*	<input type="checkbox"/>	<input type="checkbox"/>
Specification	<input type="checkbox"/>	<input type="checkbox"/>
Translation**	<input type="checkbox"/>	<input type="checkbox"/>
Abstract	<input type="checkbox"/>	<input type="checkbox"/>
Claims	<input type="checkbox"/>	<input type="checkbox"/>
Sequence Listing and Diskette	<input type="checkbox"/>	<input type="checkbox"/>

Drawings		<input type="checkbox"/>	<input type="checkbox"/>
Formal	<input type="checkbox"/>		
Informal	<input type="checkbox"/>		
Assignment		<input type="checkbox"/>	<input type="checkbox"/>

\* These forms are normally prepared and executed by Kirby Eades Gale Baker, but can be supplied by the Applicant if preferred.

\*\* A translation of the application is required if not in English or French.

**NOTE:**

1. No priority documents are required in Canada.
2. The minimum requirement for Kirby Eades Gale Baker to file an application is a legible copy of the specification, claims and drawings plus the name(s) of the inventor(s).

**10. PROSECUTION OF APPLICATION**

Do you hereby instruct Kirby Eades Gale Baker to take all steps to keep the application in force in the absence of instructions to the contrary (with the exception of the payment of maintenance fees, see below)?

YES  NO

**11. MAINTENANCE FEES**

Annual maintenance fees for this application are payable commencing two years from the Canadian filing date.

**PLEASE SELECT ONE OF THE FOLLOWING:**

- PAY AUTOMATICALLY WITHOUT INSTRUCTIONS
- ANNUITY SERVICE TO INSTRUCT

SEND REMINDER SHORTLY BEFORE

**12. ADDITIONAL INSTRUCTIONS**

(e.g. Do you require Kirby Eades Gale Baker to review or revise the application prior to filing? Special instruction(s) pertaining to the date of filing in Canada.)

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

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

*Please mail, e-mail or fax completed form along with all the additional application material to:*

**Kirby Eades Gale Baker**  
Intellectual Property  
100 Murray St., Suite 500  
Ottawa, ON K1N 0A1

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[email@kirbyip.com](mailto:email@kirbyip.com)