



**LITE-ON SINGAPORE PTE LTD**

## Patent Incentive Application Form

☐ INDIVIDUAL    ☐ GROUP

Employee No.	Employee Name	Department

### Type of Incentive:

Subject		
<input type="checkbox"/> Patent Application Incentive (Approved for filing by OCS-PC)	<input type="checkbox"/> New Invention	
	<input type="checkbox"/> Utility Patent	
	<input type="checkbox"/> Design Patent	
<input type="checkbox"/> Granted Patent Incentive (issued by respective PTOs)	<input type="checkbox"/> Invention	<input type="checkbox"/> US
	<input type="checkbox"/> Utility	<input type="checkbox"/> TPE
	<input type="checkbox"/> Design	<input type="checkbox"/> China
		<input type="checkbox"/> Other
<input type="checkbox"/> Excellent Patent Incentive		
<input type="checkbox"/> Discover Other Party Infringe our Patent or Help in Defense of our IP with Prior Art etc		
<input type="checkbox"/> Business Confidential (Trade Secret)		

**Description:**


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**Incentive (S\$):**

<b><u>Individual</u></b>				
<input type="checkbox"/> S\$100	<input type="checkbox"/> S\$200	<input type="checkbox"/> S\$400	<input type="checkbox"/> S\$650	<input type="checkbox"/> Other Amount S\$ _____
<b><u>Group</u></b>				
<input type="checkbox"/> S\$400	<input type="checkbox"/> S\$800	<input type="checkbox"/> S\$1600	<input type="checkbox"/> S\$2600	<input type="checkbox"/> Other Amount S\$ _____

\* Please mark the appropriate box with X

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**Submitted By:****Approved By:**


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 Department Head

Name:

Date:

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 HR Manager

Name:

Date:

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 VP/GM

Name:

Date:

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 SBG Head

Name:

Date:

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***For administrative use:***

Date Received:	
Incentive Acknowledged: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved Incentive Amount: S\$ _____
Mode of Payment:	Date of Payment: