

# International Social Service Hong Kong HOPE

## Written Translation/Proofreading Service Request Form

Please return the completed signed form with the document to be translated with Organisation/School Chop to fax (No.: 3160-8146) or email (hope.it.scem@isshk.org) **at least 7 working days** in advance. We will reply you via email or fax within 3 working days.

*\*Information provided will be disclosed to our assigned interpreters and authorized staff of HOPE for the purpose of following up your application.*

(Official Use)  
Case Ref No:

### 1.NGO/School/Other Public Service Provider Information

Name of NGO/School/Other Public Service Provider:		
Unit/Section:		
Address:		
Tel:		Fax:

### 2. Applicant Information

Name of Applicant:		Post:	
Email:			
Tel:		Fax:	

### 3. Service Information

Apply for:	<input type="checkbox"/> Written Translation	No of English word:	
	<input type="checkbox"/> Proof reading	No of EM language word:	
Language:	<input type="checkbox"/> Bahasa Indonesia	<input type="checkbox"/> Bengali	<input type="checkbox"/> Hindi
	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Urdu
Expected Date of Completion:	_____(DD) / _____(MM) / _____(YY)		
Payment:	<input type="checkbox"/> Invoice needed <input type="checkbox"/> Receipt needed		

I agree that once HOPE has issued a confirmation of translation request no cancellation or change to the original text will be accepted. The service provider will also be liable to pay for the agreed translation fees in full.

Signature:

Signed by:

Date:

Organisation/School Chop:

(Official Use Only)	Confirmed by:		Confirmation Date:	
	No of words confirmed:		Assigned to:	