

**International Social Service Hong Kong HOPE**  
**Written Translation/Proofreading Service Application Form**

Please return the completed signed form with the document to be translated with Bureau/Department 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.

(Official Use)  
Case Ref No:

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

**1. Government Bureau/ Government Department Information**

Name of Government Bureau/ Government Department:		
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"/> Nepali
	<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:

*Bureau/Department Chop:*

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