Request for translation and interpretation

Date: Year Month Day

To President of Tochigi City International Center

Service Request

Attach a copy of your Resident Card (Zairyu Card)

| Requester | | | | | | | | | | |
|--|--------------------------|--|-------------|---------------|--------------------|----|--------------|-----------|------------|---------|
| Name | | | | | | | | | National | ity |
| Name of company | | | | | | | | | | |
| (Representative) | | | | | | | | | | |
| Address | | F | | | | | | | | |
| Contact information | | Tel: FAX: Email: | | Cellula | ır: | | | | | |
| | | | Co | ntents of rec | quest | | | | | |
| Language | | | | | | | | | | |
| Translation | Contents | □Written application □Official document □Others (Amount of translation : Sheet(s) of A4 paper | | | | | | | |) |
| | Purpose of use | | | | | | | | | |
| | Desired delivery date | | Year | Month | Da | ay | | | | |
| | How to receive | □At the | office | □Pos | t | | □Others (| | |) |
| Interpretation | Contents | □Admin □Pensio Details: | | cedure □Ed | ducation □Othei | | □Medical car | e □⊦) | lealth and | welfare |
| | Desired date | First | Month | Day | (|) | Time | : | ~ | : |
| | | Second | Month | Day | (|) | Time | : | ~ | : |
| | | Third | Month | Day | (|) | Time | : | ~ | : |
| | Place | Name | | | | | Phone | | | |
| | | Address | | | | | Time | | | |
| | | | | | | | Meet at | | | |
| Notes | | | | | | | | | | |
| Confirmations and Understandings | | | | | | | | | | |
| •The translator/interpreter translates literally. He/She does not judges or gives advice. | | | | | | | | | | |
| •We cannot accept any request which requres special knowledge relating to diagnosis at hospital or legal matters. | | | | | | | | | | |
| •We cannot answer any questions related to personal information (phone number, E-mail, address) of the translator/interpreter. | | | | | | | | | | |
| •The translator/interpreter and TIC shall not be responsible for any troubles on the contents of translation. | | | | | | | | | | |
| □ Acc | □ Accept | | □Not accept | | | | | | | |
| Signature of requester : | | | | | | | | | | |