



**LANGUAGE SERVICES: TRANSLATION, EDITING AND INTERPRETING REQUEST FORM
PLEASE NOTE:**

- WE WORK ONLY WITH LANGUAGE CONTENT, NOT THE FORMATTING ASPECTS OF DOCUMENTS.
- ALL DOCUMENTS TO BE SENT IN PLAIN WORD FORMAT.
- CLIENT DEPARTMENTS ARE LIABLE FOR THE COSTS OF ANY SERVICES THAT MUST BE OUTSOURCED.
- DOCUMENTS SUBMITTED FOR TRANSLATION MAY NEED TO BE EDITED FIRST.

PARTICULARS OF CLIENT

Department:

Directorate: Unit:

Contact Person:

Street Address:

Tel: Fax:

Email Address:

PARTICULARS OF REQUEST

Title of Document/ File Name/ Name of Event:

Date of Request: No. of Words / Interpreting Hours:

Delivery Deadline (If Applicable):

Translation Into: Eng to isiXho isiXho to Eng Afr to Eng Eng to Afr Other (Specify):

Interpreting Request: isiXho to Eng Afr to Eng SASL Other (Specify):

Editing/ Proofreading Request: Afrikaans English IsiXhosa

CLIENT AUTHORISATION

Rank (Assistant Director or Higher): Tel:

Name:

Date:

Signature:

I hereby confirm that my department will carry the cost if freelancers are used:

Signature:

DCAS LANGUAGE SERVICES: OFFICE USE

In-house translator/proofreader (Afr):	In-house translator/proofreader (Eng):	In-house translator/proofreader (isiXhosa):
Freelancer:	Freelancer:	Freelancer:
Quality Checker:	Quality Checker:	Quality Checker:
Date Completed:	Date Completed:	Date Completed:
Signature:	Signature:	Signature: