



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

- WE WORK ONLY WITH LANGUAGE CONTENT, NOT THE FORMATTING ASPECTS OF DOCUMENTS.
- 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: .....

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/ Pages/ Interpreting Hours: .....

Delivery Deadline (If Applicable): .....

Translation Into: Eng to Xho  Xho to Eng  Afr to Eng  Eng to Afr  Other (Specify):.....

Interpreting Request: Xho to Eng  Afr to Eng  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**

Freelancer: .....

Quality Checker: .....

Date Completed: .....