



IMMIGRANT SERVICES CALGARY
TRANSLATION REQUEST FORM / FREE QUOTE
 Please complete clearly and fax to Language Bank at (403) 265-1167
 or email LB@immigrantservicescalgary.ca

Given Name (or Agency Name)	Family Name	Client type <input type="checkbox"/> Individual <input type="checkbox"/> Agency	Date of request Day/Month/Year
Phone	Email	How did you find this service?	

SERVICE REQUESTED			Where this translation will be submitted to:
Translation <input type="checkbox"/> Photocopies <input type="checkbox"/> Notary Public <input type="checkbox"/> Commissioner for Oaths <input type="checkbox"/>			
Language of document	From (country)	Translated into: target language(s)	Translation Deadline Day/Month/Year
Purpose			
<input type="checkbox"/> Accreditation <input type="checkbox"/> Community service <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> IQAS <input type="checkbox"/> Driver Licence <input type="checkbox"/> Health <input type="checkbox"/> Immigration <input type="checkbox"/> Legal <input type="checkbox"/> Public information <input type="checkbox"/> Other _____			
Type of Document		# of Pages	# of words or # of stamps
1			
2			
3			
4			
Note: please enclose documents to this form and email LB@immigrantservicescalgary.ca for detail quote.			

DELIVERY METHOD
<input type="checkbox"/> Pick up (free) <input type="checkbox"/> Mailing (Fee will apply) <input type="checkbox"/> Electronic Copy (non-SD copy) <input type="checkbox"/> Other (Please specify)

ADDITIONAL COMMENTS AND INSTRUCTIONS

TO BE COMPLETED BY LANGUAGE BANK		
Quotation	Reference No.:	File No. :
Note: A deposit of a minimum of 50% of the total cost is to be paid upfront. Payment methods: Cash, Credit Card, Direct Deposit		GEN _____ DOB _____ IMM _____