

Foundation for promotion of Chofu city's culture and community
Center for International Friendship and Amity (CIFA)
REQUEST FOR TRANSLATION

Date: _____

PURPOSE	PURPOSE; (_____) REQUEST;	
T R A N S L A T I O N	Language ※	
	Date & Time (request)	<u>month/day</u> <u>time</u> <u>time</u> <u>1st choice</u> ; (: from ____:____ to ____:____) <u>2nd choice</u> ; (: from ____:____ to ____:____)
Special notes		
Applicant	Name	_____ First name _____ _____ Last name _____
	Address	〒 _____
	Tel & Fax	Telephone ; Cell phone; Faxmile ;
	Email Address	

[REMARKS]

- ※ Our service is limited to several languages. Please contact CIFA to see if your desired language is available.
- ※ Reservation is needed for the translation service. (Service on the same day with reserving is not available.)

CIFA's column; received by (_____)