FRANCHIR Co., Ltd.

4-19-27, Mejiro,Toshima-ku, Tokyo 171-0031 Japan

(Tel: 03-6908-3671/　FAX: 03-6908-3672/　E-mail : info@franchir-japan.co.jp)

Upon reading the “Agreement to Handle Personal Information” on the next page, if you agree with the terms and conditions, please check the box to consent to the processing of your personal information.

**I give my consent for the processing of my personal information.**

**Customer Information [ \* indicates required fields]**

As we may need to contact you regarding names and other personal details before delivering the translation, it is especially important that you include your email address.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company name  (in the case of corporations) |  | | Today’s date**\***  YYYYMMDD | |  |
| Department |  | | | | |
| Name**\*** (Last)  (First, Middle) |  | | | | |
| Address**\***  (Translation will be sent to this address) | 〒 | | | | |
| TEL |  | FAX | |  | |
| Phone number (mobile)**\*** |  | E-MAIL**\*** | |  | |

**Intended Destination for Submission of Translation**

|  |  |
| --- | --- |
| Place where this translation will be submitted | Embassy of the United States UK Visa Application Center Embassy of Canada  Other Embassy, School, Public institution, etc. (Please specify:      ）   * If you plan to submit the translation to an Embassy other than the UK or USA, there may be stipulations regarding which translation company is permitted to perform that translation. Be sure to confirm these details before sending this form to us and paying. |

**Translation Requests**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Document name  (Translation from Japanese to English) | | Fees  (tax included) | Additional copies  550 yen/copy | Sub-total |
|  | Family register (extract) [KOSEKI-SHOHON] | 4,400 yen |  | yen |
|  | Family register (complete)  [KOSEKI-TOHON]  (Number of additional persons included in the document:      persons, 2,200yen (tax included)/person) | 4,400 yen        yen |  | yen |
|  | Diploma, Certificate of enrollment | 4,400 yen |  | yen |
|  | Residence certificate  (Number of additional persons included in the document:      persons, 2,200yen (tax inclued)/person) | 4,400 yen        yen |  | yen |
|  | Other type of document | yen        yen |  | yen |
|  | Shipping Fee (Letter Pack service includes tracking number)\*  \*This fee is waived for customers that pick up the translation at our office. | | | 370 yen |
| TOTAL PRICE | | | | yen |

**Request for Special Price Quote**

|  |  |
| --- | --- |
| For documents other than those noted above (Please write the document name in this space) | Price (tax included) |
| Document:  From (     ) Language to (     ) Language  Total number of documents: |  |

**Payment Method**

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| Please choose from the following: |
| Cash Payment at Office Electronic Funds Transfer (EFT) Credit Card (VISA/Mastercard)  1) Please make any payments by EFT to the following account:  **Mizuho Bank Ikebukuro Branch Ordinary Account**  **Number: 1585937**  **Account name: ｶ) ﾌﾗﾝｼｰﾙ**  2) For those who wish to pay by credit card, please fill out the form on page 3 and send it back with the rest of this document  \*Payment cannot be refunded once it has been transferred. Please confirm with Franchir the exact amount of your translation before transferring funds. To confirm payment, we request a scan, photo, or fax of the transfer slip, or screen grab of the transfer page when conducting online banking. |

**Necessary forms**

The completed translation will be sent 4 full business days after necessary documents have been received (ex. if all documents received on Monday the translation sent out on Friday) and payment confirmed.

|  |  |  |
| --- | --- | --- |
| Please double check that you have submitted these forms to us. | | Number of Pages |
|  | Translation Price Quote Form (this form) | 1 |
|  | Copy or scan of original documents to be translated with alphabet spelling of names and addresses where necessary. (Do not write directly on the original document) |  |
|  | Copy of transfer slip as proof of payment | 1 |

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| Additional information (Please let us know if there is anything else that we should know about before starting the translation: e.g. spelling of family members’ names, addresses etc.) |

Franchir Co., Ltd.

**Agreement to Handle Personal Information**

We commit to protecting and handling customers’ sensitive personal information as follows:

Purpose

Service implementation

Provisions to third parties

Franchir does not provide any personal information to third parties without consent of the person in question, except when required by law.

Commitment when working with personal information

As Franchir commits to providing customers with an exceptional level of service there are some cases in which labor is handled by outside subcontractors. These contractors are carefully selected and contractually bound to handle and protect personal information, preventing leaks and information loss of any kind.

Option to submit personal information

Any submission of personal information to Franchir is done so under the free will of the customer. However, if some portion of personal information is not received by Franchir, the quality of the service and/or translation may be affected.

Regarding the request for personal information

You, as the customer, have the right to notification, disclosure, revision, addition, deletion of any of your personal information, and you have the right to refuse any usage of any of that information. Please contact us via the information below should you wish to exercise this right or if you have any other questions.

For questions regarding personal information policy, please contact:

TEL 03-6908-3671 Email [info@franchir-japan.co.jp](mailto:info@franchir-japan.co.jp)

Hisae ITO

Personal Information Administrator

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 弊社使用欄 | FR | 入金確認 | / | 発送予定日 | / | 担当 |  |

**Credit Card Payment Form**

FRANCHIR Co., Ltd.

I wish to pay the below amount with the following credit card issued in my name, having consented to Franchir's Personal Information Handling Agreement and confirmed my obligation to pay the total billed amount.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Credit Card Information** | | | | | | | | | | | | | | | | |
| **Date** | **20  /     /** | | | | | | | | | | | | | | | |
| **Name** |  | | | | | | | | | | | | | | | |
| **Address of Cardholder** | **〒** | | | | | | | | | | | | | | | |
| **Phone No.** | （\*In the case of any issues, we will contact you via this number） | | | | | | | | | | | | | | | |
| **Payment Amount**  **(Total Sum)** |  | | | | | | | | | | | | | | | |
| **Card Type** | **VISA 　　　　　　/ MASTERCARD** | | | | | | | | | | | | | | | |
| **Card No.**  **(16 digits)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date Expiration** | (month)       (year) | | | | | | | | | | | | | | | |
| **Name of Cardholder**  **(as written on the card)** |  | | | | | | | | | | | | | | | |

\* Payment by single-installment only.

\* The payment will be billed to your credit card in accordance with the terms of your agreement with the credit card issuer.

\* Payment cannot be refunded once it has been transferred. Please confirm with Franchir the exact amount of your order before filling in and returning this form

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| --- | --- | --- |
| **◎弊社使用欄 (For Office Use Only)** | | |
| **承認番号** |  | |
| **管理番号** | **FR** | |
| **担当者** |  |  |