APPLICATION FORM

**INTERPRETATION/TRANSLATION SERVICES**

**Section 1:**

BUSINESS PROFILE

1. Registered Business Name:

|  |
| --- |
|  |

1. Registered Business Address:

|  |
| --- |
|  |

1. Business Website:

|  |
| --- |
|  |

1. Applicant’s Name:

|  |
| --- |
|  |

1. Applicant’s Position:

|  |
| --- |
|  |

1. Applicant’s Contact Numbers:

(Mobile) (Office)

|  |
| --- |
|  |

1. Applicant’s Email Address:

|  |
| --- |
|  |

1. Category (Please choose the appropriate box(es):

[ ]  Food & Beverage

[ ]  Paper, Printing & Packaging

[ ]  Personal Care Products

[ ]  Household & Industrial Chemicals

[ ]  Construction Material

[ ]  Information, Communications Technology (ICT)

[ ]  Creative Industries

[ ]  Professional Services

[ ]  Construction Engineering & Architectural Services

[ ]  Other (Please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Annual Revenue (Please select the appropriate box):

[ ]  Under TT$8,000,000.00

[ ]  Between TT$8,000,000.00 and TT$15,000,000.00

[ ]  Above TT$15,000,000.00

|  |
| --- |
|  |

**Section 2:**

**PROJECT DETAILS**

1. Please state the type of interpreting or translation service(s) you will require:

|  |  |  |
| --- | --- | --- |
| **INTERPRETATION/****TRANSLATION** | **OBJECTIVE****(Please state what you hope to achieve by this service)** | **MARKET** |
| Language(s) Required:Spanish French  |  |  |
| Interpreting during B2B meetings |  |  |
| Telephone calls/meetings, etc. |  |  |
| Translation of Emails |  |  |
| Translation of Letters |  |  |
| Translation of Company Profiles |  |  |
| Translation of Product Specifications |  |  |
| Translation of Material Safety Data Sheets (MSDS) |  |  |
| Translation of Price Lists |  |  |
| Translation of Labels  |  |  |
| Translation of Contracts |  |  |
| Other Please Specify: |  |  |

1. Rationale for this activity and justification on how it will impact future exports

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What stage of the sale process are you currently in?

[ ]  First meeting with buyer

[ ]  Qualified lead in hand

[ ]  Response to customer’s information request (pricing, product certifications, incoterms, sharing or promotional costs etc)

[ ]  Negotiations

[ ]  Closure of deal

**GUIDELINES FOR APPROVED APPLICANTS**

Feedback to exporTT will be required on an ongoing basis to ensure all parties are duly informed at all times and to allow for project continuity and completion.

* One week after the service is completed, approved applicants will be required to submit a Service Experience Report (see Template attached)
* Monthly reports will be required post-project on the general impact of the service

**I certify that the information above is true and correct.**

|  |  |
| --- | --- |
| Name:  | Position: |
| Signature: | Date: |
| Company Stamp: |

**For exporTT’s Official Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Request Received: |  | Signature: Manager, Export Promotions  |  |
| Date Request Granted: |  | Signature: Manager, Export Promotions  |  |

|  |
| --- |
| Remarks:  |