

TRANSLATION AGREEMENT

File Code:

Company name and TIN No./ (If individual) Last name of client <i>Nom de la société et NIF /(Pour les particuliers) Nom du client</i>	Given name <i>Prénom du client</i>	Mobile number/ <i>Portable</i>
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Address/ <i>Adresse</i>	Email address/ <i>Courriel</i>
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TAX INCLUSIVE RATES			
Type of Document	Rate per page (1 page = 250 words)		
	Ordinary	Rush	Expedite
A. DFA apostille, local civil registry, acquisition of nationality certificate, local & foreign birth or marriage certificate, police or NBI clearance, <i>casier judiciaire</i> , cenomar, driver’s license, diploma, passport, certificate of baptism, amendment & annotations on a PSA document, <i>livret de famille</i>	Php 785	Php 1,230	Php 1,600
B. Medical document, technical document, 2nd page affidavit of a PSA document, judicial papers, contract, commercial and promotional document, transcript of record, <i>acte de décès</i> , CV, certificate of graduation, certificate of employment, brgy. certificate, etc.	Php 1,080	Php 1,670	Php 2,160
C. PSA birth, marriage or death certificate	Php 1,420	Php 2,160	Php 2,785

TERMS AND CONDITIONS

a. **The final translation cost will depend on the translated document: computerized, on A4 size paper, with each page comprised of 250 words.** A page of less than 250 words will be charged as one page. **When the word count in a document exceeds the 250 words per page limit, an additional page is charged.** The final cost may be different from the estimated price after translation.

b. **Translation processing is set for documents of less than four (4) pages: 7 working days for ordinary service, 3 working days for rush service and 1 working day for expedite service.** For documents of more than four pages, the AFM will propose a release date that is amenable to the client.

c. In compliance with the Data Privacy Act (DPA) of 2012, and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, electronic and hard copies of client’s documents will only be archived for **one (1) year** unless deletion is immediately requested. **Any document requiring a copy, editing and reprinting beyond this period will need to be re-translated.**

d. Upon signing this Agreement, **a non-refundable deposit of at least 75%** of the initial estimate by an AFM Agent shall be paid by the client. The balance shall be paid upon release of the translated documents. Any and/or all local/international bank charges and courier fees shall be shouldered by the client.

Client’s Signature Over Printed Name

*I have read and I agree to all the terms and conditions above. By signing, I acknowledge that the final translation that I will receive may vary from other recognized translations.*

FOR OFFICIAL USE ONLY			
Type:	A <input type="checkbox"/>	Est. pages _____	Amt Deposited _____
	B <input type="checkbox"/>		O.R. Number _____
	C <input type="checkbox"/>	Est. cost _____	Date _____
Rate:	Ord <input type="checkbox"/>	Final pages _____	Balance Due _____
	Rsh <input type="checkbox"/>		O.R. Number _____
	Exp <input type="checkbox"/>	Final cost _____	Date _____
Date received : _____			Received by: _____
			Signature of Translator _____

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