

Please send your form to director@stellenbosch.alliance.org.za

Title: Surname:

Given name(s):

Profession: Mother tongue:

Birth date: (Day/Month/Year) / / City of birth:

Country of birth: Nationality :

Postal address:

Postal code: City :

Cellphone: Home / Work :

Email address:

Name and place of current studies :

- | | | |
|---|--------|--|
| <input type="checkbox"/> Alliance Française | Level: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Primary school | Grade: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Secondary school | Grade: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <input type="checkbox"/> Tertiary institution | Year: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Please refer to official calendar :

Exam session of : April May August September October November

EXAM (PLEASE CHECK)						
DELf Junior	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B1	<input type="checkbox"/> B2		
DELf Tous Publics	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> C1	<input type="checkbox"/> C2
DALF C1 - C2 only Please choose a domain:						
<input type="checkbox"/> Lettres et Sciences Humaines			<input type="checkbox"/> Sciences			

FEES	Standard	AF student	University student
DELf A1 - A2 TP	R 800	R 600	R 600
DELf B1 - B2 TP / Pro	R 900	R 700	R 700
DALF C1 - C2 TP	R 1000	R 1000	R 1000

DELf Junior & Prim - Group payment processed by EFT
R 600 x _____ = R _____

By signing this registration form, I hereby acknowledge that registrations close 2 (two) weeks before a session starts. Money received may not be transferable toward another session. I furthermore acknowledge that DELf DALF national exams dates and time are not flexible.

BANKING DETAILS	
Account name	Alliance Francaise de Stellenbosch
Bank	Absa current account
Account number	410493918
Branch code	632 005

For payment: Write "DELf, first name & surname" as the reference. Once payment has been done, please send your proof of payment by email to: director@stellenbosch.alliance.org.za	
Date paid:	Amount paid: R _____
Payment:	<input type="checkbox"/> EFT <input type="checkbox"/> Cash
Date:	Signature: