DELF - DALF Examinations – 2022 Registration Form

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

Alliance Française – Learn French, the French way

Title: Surname:

Given name(s):

Profession: Mother tongue:

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

Country of birth: Nationality :

Postal address:

Postal code: City :

Cellphone: Home / Work :

Email address:

Name and place of current studies :

☐ Alliance Française Level:

☐ Primary school Grade:

☐ Secondary school Grade:

☐ Tertiary institution Year:

Please refer to official calendar :

Exam session of : ☐ April ☐ May ☐ August ☐ September ☐ October ☐ November

EXAM (PLEASE CHECK)						
DELF Junior	☐ A1	☐ A2	☐ B1	☐ B2		
DELF Tous Publics	☐ A1	☐ A2	☐ B1	☐ B2	☐ C1	☐ C2
DALF C1 - C2 only Please choose a domain:						
☐ Lettres et Sciences Humaines ☐ Sciences						

FEES	Standard	AF student	University student and scholar
DELF A1 - A2 TP	R 1000	R 800	R 800
DELF B1 - B2 TP / Pro	R 1200	R 960	R 960
DALF C1 - C2 TP	R 1400	R 1400	R 1400

☒ *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: ☐ EFT ☐ Cash

Date: Signature: