DELF - DALF Examinations – 2020 Registration Form

Alliance Française Johannesburg - www.alliance.org.za

17 Lower Park Drive – Corner Kerry Road – PO Box 72067 Parkview 2122 –
Tel: 011 646 1169 – Fax: 011 646 45 21 – Email: delfdalf@jhb.alliance.org.za

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 Prim	☐ A1.1	☐ A1	☐ A2			
DELF Junior	☐ A1	☐ A2	☐ B1	☐ B2		
DELF Tous Publics	☐ A1	☐ A2	☐ B1	☐ B2	☐ C1	☐ C2
DELF Pro	☐ A1	☐ A2	☐ B1	☐ B2		

DALF C1 - C2 only Please choose a domain:
☐ Lettres et Sciences Humaines ☐ Sciences

FEES	Standard	AF student	University student
DELF Junior & Prim	R 800	R 600	
DELF A1 - A2 TP / Pro	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, to the exception of DELF Prim which registration period close 11 (eleven) weeks before the 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.*

FOR ADMINISTRATIVE USE ONLY - PREFERENCIAL RATE:
R _____ REASON:
_____

INVOICE NUMBER :

BANKING DETAILS	
Account name	Alliance Francaise de Johannesburg
Bank	Nedbank
Branch	Rosebank
Account number	1469 063 875
Branch code	1469 05
Swift code	NEDSZAJJ

Write "DELF, first name & surname" as the reference.
Once payment has been done, please send your proof of payment by fax or by email to: delfdalf@jhb.alliance.org.za

Date paid: Amount paid: R _____

Payment: ☐ Bank card ☐ EFT ☐ Cash

Date: Signature: