DELF - DALF Examinations – 2022 Registration Form

Alliance Française
Learn French, the French way

FRANCE EDUCATION INTERNATIONAL

Alliance Française Johannesburg - www.jhb.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

FEES	Standard	AF student	University student
DELF Junior & Prim	R 1000	R 800	
DELF A1 - A2 TP / Pro	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

DELF Junior & Prim - Group payment processed by EFT
R 800 x _____ = R _____

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

INVOICE NUMBER :

☒ *By signing this registration form, I hereby acknowledge that registrations close 3 (three) weeks before a session starts, to the exception of DELF Prim which registration period close 11 (eleven) weeks before the session starts. No registration will be accepted after the closing date.*
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 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:**