DELF - DALF Examinations – 2023 Registration Form

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

☒ *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.*

FEES	Standard	AF Student	University Student
DELF A1-A2 *Junior & Prim*	R 1050	R 840	
DELF B1-B2 *Junior*	R 1250	R 1000	
DELF A1-A2 *TP/Pro*	R 1050	R 840	R 840
DELF B1-B2 *TP/Pro*	R 1250	R 1000	R 1000
DELF C1-C2 *TP/Pro*	R 1480	R 1184	R 1184

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

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:**