République Française
Ambassade de France en Nouvelle-Zélande
Commission nationale du DELF et du DALF

AllianceFrançaise
Nelson Tasman

Pays : Nouvelle-Zélande Session: _____

Centre d'examen : ALLIANCE FRANCAISE NELSON TASMAN

DELF Enrolment Form
(DELF Tout public/DELF Junior, DELF Prim)

Identité du candidat/Student details:

Madame – Mademoiselle – Monsieur (please circle)

Nom/Surname _____

Prénom/First name _____

Adresse/Address _____

Code postal/Postal code _____ Ville/City _____

Tel.(H) _____ (W) _____ (Mob) _____

E-mail _____

Date et lieu de naissance/Date and place of birth _____ / _____ / _____

à/in _____ Pays/Country _____

Nationalité/Citizenship _____

Langue maternelle/Mother tongue _____

If you have already passed some DELF exams, please specify:

DELF: A1.1 ( ) A1 ( ) A2 ( ) B1 ( ) B2 ( )

Place and date _____

I would like to sit:

DELF: A1.1 ( ) A1 ( ) A2 ( ) B1 ( ) B2 ( )

Signature de l'étudiant : _____ **à/in** _____

Please email completed form to: afntsecretary@gmail.com

DELF FEES: A1 / A2: $120 B1 / B2: $140
PAYMENTS: By internet banking to Alliance Francaise de Nelson Tasman

BNZ account : 02-0704-0380910-000
Reference: Surname + Initial
Code: Exam registered for (for example: DELF A1)

Payment due upon enrolment, fees are non-refundable.