



# REGISTRATION FORM DELF-DALF



Session :	Month									Year					
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Which version are you registering for ?  DELF Prim  DELF Junior  DELF tout public  DALF

Which level ?  A1.1  A1  A2  B1  B2  C1  C2

**Important! You cannot change your DELF number. You must always keep the same number.**

If you have ever registered for a DELF or DALF exam at any center in Uganda (Alliance Française de Kampala) or abroad, even if you did not take the exams or did not pass, you have already been assigned a number that appears on your diploma. It is essential to notify this number. If you have never taken a DELF or DALF exam, we will assign you a candidate number.

Candidate number : \_\_\_\_\_

**Do you already have a DELF or DALF?** Please indicate the level, date and place where you obtained your previous diplomas

	DELF A1.1	DELF A1	DELF A2	DELF B1	DELF B2	DALF C1
Date						
Center						

**MANDATORY: fill in all fields as they appear on your ID card (WRITE LEGIBLY)**

Female  Male

**Surname** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Date of birth** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Place of birth** \_\_\_\_\_

**Country of birth** \_\_\_\_\_

**Nationality** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**E-mail** \_\_\_\_\_  
of parents if underage

**Occupation/studies** \_\_\_\_\_

**Do you have a disability?**

NO  YES : in order to be taken by the examination center, it is mandatory to submit, during the registration period, a certificate from an official medical organization

**You present yourself as:**

AFK Student  External Candidate

Primary school / Secondary-School Student. Institution Name : .....

University Student. University Name : .....

**I have noted that : All fees must be paid before the registration deadline - No payment will be refunded**

Date: .....

Signature: .....

For internal use only:

Date of payment	Amount	Receipt number