**Alliance Française Wellington**

Photo

### Ambassade de France en Nouvelle-Zélande

**Commission nationale du DELF et du DALF**

**Pays : Nouvelle Zélande Session :**

**Centre d’examen : WELLINGTON**

**DELF/DALF Enrolment Form**

**(DELF Prim/DELF Junior/DELF Pro/DELF-DALF TP)**

#### Identité du candidat / Student I.D

Madame – Monsieur (please circle)

Nom/Family name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prénom/First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresse/Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Code postal/Postal code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ville/City :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tél (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date et lieu de naissance/Date and place of birth \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

à/in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAYS/COUNTRY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATIONALITE/NATIONALITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# If you have already passed some DELF units please fill in this section:

# DELF: A1.1 ( ) A1 ( ) A2 ( ) B1 ( ) B2 ( ) DALF: C1 ( ) C2 ( )

DALF: spécialisation Sciences ( ) ou Lettres ( )

# Registration number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Place and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to sit for:**

# DELF: A1.1 ( ) A1 ( ) A2 ( ) B1 ( ) B2 ( ) DALF: C1 ( ) C2 ( )

DALF: spécialisation Sciences ( ) ou Lettres ( )

**Why are you sitting the DELF/DALF exams** (forstatistical purposes only) eg. personal goal, immigration, work and study :

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**Signature de l’étudiant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only**

Paid: \_\_\_\_\_\_\_\_\_\_

Invoice number: \_\_\_\_\_\_\_\_\_\_\_