



REGISTRATION FORM DELF/DALF



EXAM DATE :/...../.....

1. Select level: ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2

2. Fill out the present registration form (**CAPITAL LETTERS ONLY**).

3. Attach a copy of your ID card.

PERSONAL DETAILS

| | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| FAMILY NAME | | | | | | | | | | | | | | | | | |
| FIRST NAME | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | / / | | | | | | | | | | | | | | | | |
| CITY OF BIRTH | | | | | | | | | | | | | | | | | |
| COUNTRY OF BIRTH | | | | | | | | | | | | | | | | | |
| MOTHER TONGUE | | | | | | | | | | | | | | | | | |
| NATIONALITY | | | | | | | | | | | | | | | | | |
| PHONE NUMBER |/...../...../...../...../...../..... | | | | | | | | | | | | | | | | |
| WHATSAPP NUM (if different) |/...../...../..... | | | | | | | | | | | | | | | | |
| E-MAIL |@..... | | | | | | | | | | | | | | | | |
| For candidates who already presented a DELF exam | DELF candidate number: | | | | | | | | | | | | | | | | |

RULES & REGULATIONS

1. This is an official notification for an international examination.
2. Dates and timings cannot be changed and no refund will be made in case of absence.
3. All candidates must be present 15 minutes before the exam starts. No entry will be allowed once the exam has started.
4. On the day of the exam, all candidates must come with the same valid ID card/passport submitted.

☐ I have read and I accept the **Rules & Regulations**.

☒ I accept to receive information about Centre Franco Omanais' DELF exams and courses.

Date:

Signature: