

Alliance Française Cape Town - www.afcapetown.co.za

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Title:	<input type="text"/>	Surname:	<input type="text"/>
Given name(s):	<input type="text"/>		
Profession:	<input type="text"/>	Mother tongue:	<input type="text"/>
Birth date: (Day/Month/Year)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth:	<input type="text"/>	Nationality :	<input type="text"/>
Postal address:	<input type="text"/>		
Postal code:	<input type="text"/>	City :	<input type="text"/>
Cellphone:	<input type="text"/>	Home / Work :	<input type="text"/>
Email address:	<input type="text"/>		

[illegible]

Exam session of : ☐ April ☐ May ☐ July ☐ September ☐ October ☐ November

EXAM (PLEASE CHECK)						
DEL F Prim	<input type="checkbox"/> A1.1	<input type="checkbox"/> A1	<input type="checkbox"/> A2			
DEL F Junior	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B1	<input type="checkbox"/> B2		
DEL F/DAL F TP	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> C1	<input type="checkbox"/> C2
DEL F Pro	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B1	<input type="checkbox"/> B2		

FEES	Standard	AF student	University student
DEL F A1 - A2 Junior Scol Prim	R 1280	R 1024	
DEL F A1 - A2 TP	R 1280	R 1024	R 1024
DEL F B1 - B2 Junior/TP	R 1500	R 1200	R 1200
DAL F C1 - C2 TP	R 1780	R 1424	R 1 424

DEL F Junior & Prim - Group payment processed by EFT
R x = R

FOR ADMINISTRATIVE USE ONLY - PREFERENTIAL RATE:
R REASON:

Write “DELFT, first name & surname” as the reference.
Once payment has been done, please send your proof of payment by email to: exams@afcapetown.co.za

Date paid: _____ **Amount paid: R** _____

Payment: ☐ Bank ☐ EFT ☐ Cash

Date: _____ **Signature:** _____

BANKING DETAILS	
Account name	Alliance Francaise du Cap
Bank	Nedbank
Branch	St George's Mall
Account number	1012026906
Branch code	101709
Swift code	NEDSZAJJ