

# Mock Exam



## DELFLDALF

Date : .....

### TOUT PUBLIC

- 21 février 2020 (B1, B2, C1, C2)
- 21 février 2020 (A1, A2)
  
- 05 août 2020 (B1, B2, C1, C2)
- 05 août 2020 (A1, A2)

### JUNIOR / PRIM

- 5 juin 2020
  
- 30 octobre 2020

**Lisez attentivement les instructions au verso / Read carefully the instruction on the back of this page.**

N° de candidat : 094001/094002-.....(obligatoire, si déjà inscrit / mandatory if you've sat a DELF exam before)

Civilité (Title):  Mme/Mrs  Mlle/Miss  M. /Mr

Nom du candidat (Surname of the candidate): .....

Prénom (s) (Other names): .....

Date de naissance (JJ/MM/AAAA)(Date of birth-DD/MM/YYYY): .....

Age (Age) : .....

Ville de Naissance (City of birth) : .....

Pays de naissance (Country of birth) : .....

Langue maternelle (Mother tongue): .....

Nationalité (Nationality) : .....

Adresse (Address) : .....

Code postal (Postal code) : .....

Ville (City) : .....

Tel: ..... Mél: .....

DELFLDALF TOUT PUBLIC MOCK EXAM	Price
DELFL A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1	Rs.2000/-
DELFL B2 <input type="checkbox"/>	
DALFL C1 <input type="checkbox"/> C2	Rs.4000/-
DELFLJUNIOR / PRIM MOCK EXAM	
DELFL Junior <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1	Rs.2000/-
DELFL Junior <input type="checkbox"/> B2	
DELFL Prim <input type="checkbox"/> A1.1 <input type="checkbox"/> A1	

N° de carte (étudiant AF) :

Établissement de

l'apprentissage (candidat extérieur):

N° reçu :

## INSTRUCTIONS TO FILL THE DELF/ DALF APPLICATION FORM.

This form should be filled in block letters.

**N° d'inscription:** This number is compulsory for the candidates who have already enrolled. The candidates who have enrolled for the first time in Colombo will have a number beginning with **094001-**, and those who have enrolled in Kandy, a number beginning with **094002-**. Cut off what is not applicable and complete the number correctly.

**New candidates** should not write anything in this space.

The date of birth must be given in the (Date /Month/Year) format.

**The date of birth, the town and the country of birth are compulsory.**

**Tick off the correct check box of the examination.**

**The students of the Alliance française de Kandy** should fill in the appropriate box (**lower left corner of the form**). Alliance student card number and the receipt number, as well as the amount paid are necessary.

The candidates need to show their student card validated for the current term at the time of enrolment.

**The external candidates** must fill the box in the **lower right hand corner of the application form**. It is absolutely necessary to state the institute where the candidate has learnt French.

### PAYMENT INFORMATION

#### 1. DEPOSIT THE EXAM FEES TO OUR BANK

ACCOUNT NAME: ALLIANCE FRANÇAISE DE KANDY  
BANK: NATIONS TRUST BANK  
ACCOUNT NUMBER: 100040004010  
ACCOUNT TYPE: CURRENT A/C  
BRANCH: KANDY

OR

PEOPLES BANK DIRECT DEPOSITS (ACCOUNT NUMBER: 003-2-001-2-0104465,  
TYPE\_SAVINGS ACCOUNT)

- \* STUDENT'S NAME should be clearly included in the deposit slip
- \* In the Reference include "EXAM FEES"
- \* Original deposit slip should be handed over to us with the application. Keep a copy for your reference

### IMPORTANT:

Incomplete or incorrectly filled application forms will be rejected. Rs. 1500/ will be charged for any correction to the certificate after the exam.

The DELF / DALF registration fees are neither refundable or transferable.

Signature :