

APPLICATION FORM
DELFF Prim A1.1 – A1 - September 2024

Deadline: 23th August 2024

Exams are held at AFMM in Marsa and/or in our examination centres.

All communication prior and after the exam is done via email.

Late applications will be received against a fee of €10

APPLICANT'S DETAILS

Name _____ Surname _____

House name & number _____

Street name _____

Locality _____ Post code _____

Date of birth (dd/mm/yyyy) _____ Nationality _____

Country of birth _____ City of birth _____

Mother tongue _____ Gender: Female Male

School _____

GUARDIAN'S DETAILS

Name & Surname _____

Email (⚠ valid and checked regularly. **All official information and documents will be sent on this e-mail address**) _____

Mobile _____

APPLICATION

I am hereby applying for: (Tick where appropriate) DELFF Prim A1.1 DELFF Prim A1

FOR ADMINISTRATION USE ONLY

Payment method Bank transfer Cash Cheque

Attach proof of payment Cheque no. _____

Date of payment _____ Total _____

Course code _____ Administrator _____

Contact Information:

Triq Il-Moll tal-Hatab, Timber Wharf 7/8, Office 1&2, MARSA MRS1443
www.alliancefrmalta.com
 +356 22 21 07 01 / +356 77 22 07 01
info@alliancefr.org.mt

Bank Transfer Information:

Bank: Bank of Valletta, Floriana Branch
 Savings account: 18600946019
 IBAN NO: MT11VALL22013000000018600946019
 SWIFT CODE: VALL MT MT

PRICES

Exam	Standard price	AF Students Price
DELFF Prim A1.1	30.00 €	25.50 €
DELFF Prim A1	30.00 €	25.50 €

DATES

DELFF September 2024		
Exam	Written exam	Oral exam
A1.1	06/09/2024	02/09/24 - 14/09/24
A1	06/09/2024	02/09/24 - 14/09/24

TERMS & CONDITIONS:

- Registration fees for the DELFF / DALF exams are not refundable and non-transferable.
- The dates of the written / oral exams are final and cannot be changed.
- Candidates must be punctual otherwise the exam will not be valid.
- Candidates are **to bring their ID cards and writing material** with them on the day of the exam
- In the case of a candidate who is taken ill on the day of the exam, he/she should contact the Alliance Française to verify if arrangements can be made to sit for the exam at the next scheduled session.

I hereby declare that I have read the terms and conditions of registration and accept them

I authorize the AFMM to use any photos taken during courses & activities on their social media

YES NO

Guardian's Name Surname in Block: _____

Signature:

Contact Information:

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