



For official use only

Candidate number									

DELFL / DALFL

(please complete in CAPITAL letters)

- Mr
- Mrs
- Miss

Family Name

Other Names

Date of Birth

City and Country of Birth

Nationality

Native Language

Address

Telephone

Mobile phone

E-mail

DELFL - Diplôme d'études en langue française

Prim (7-12 years old, primary student)

A1.1

A1

A2

Junior (12-17 years old, secondary student)

A1

A2

B1

B2

Adult (no age limit)

A1

A2

B1

B2

DALFL - Diplôme approfondi de langue française

C1 C2

Where do you learn French?

At Alliance Française de Hong Kong

At school or other institutions (name:)

Others

Candidate number (if you have taken DELFL before) :

Date :

Signature :

(Examination fees paid are non-refundable and non-transferrable)

For official use only:

Amount paid : By : Receipt n° : Date :