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| République française - Ministère de l’Education nationaleCommission nationale du DELF et du DALF**Fiche Inscription****DELF TP**Ville.jpgDelfDalf-Noir.pngPays : **Botswana**  Lieu d’inscription : **Alliance Française Gaborone** **Session N° …………………..** Année ……………….. |
| [Please fill in the form in CAPITAL LETTERS]**□** **Miss □ Mrs □ Mr****Surname: …………………………………………………..……………………………..****Name: ……………………………………………………………….…………………....****Date of Birth: ……………………………………………………………..……………..****Place of birth: …………………………………………………………………...……….****Country of birth: ………………………………………………………………………...****Nationality: ………………………………………………………………………………****Mother tongue……………………………………………………………………………****Postal Address: ……………………………………………………………………………****Phone number(s): ………………………………………………………………………..** **Email address: …………………………………………………………………………...****Registration for level: 🞎 A1 🞎 A2 (P 750)**  **🞎 B1 🞎 B2 (P 800) 🞎C1 🞎C2 (P 850)****Have you ever written the DELF examination? If yes, what is your registration number?.........................................................** |
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**Please note that there is no reimbursement once payment has been done.**