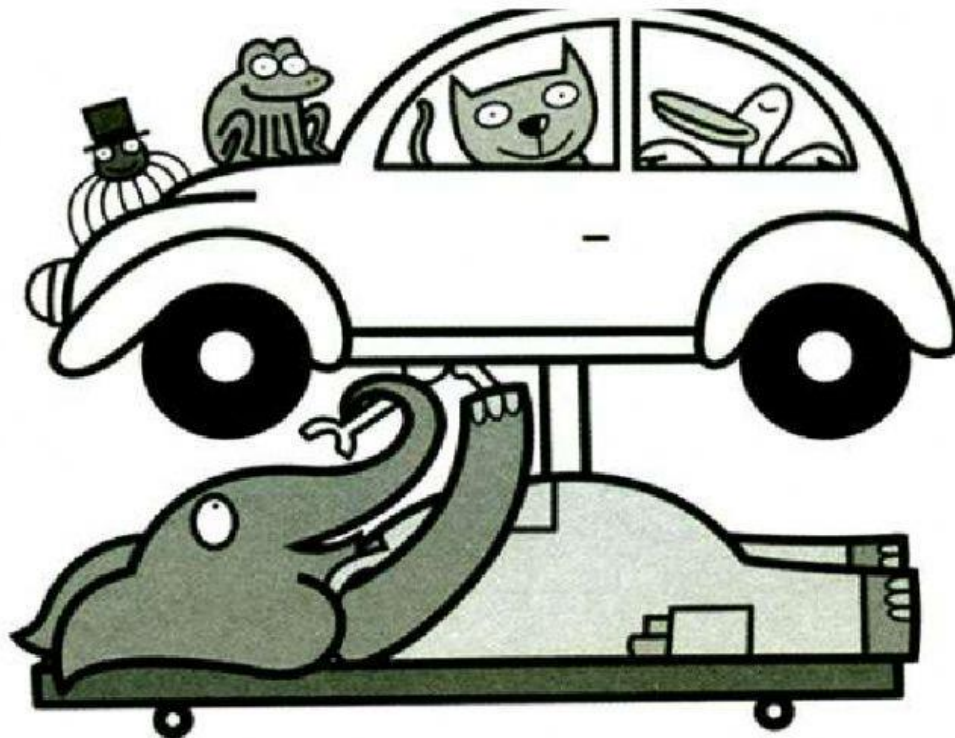


Name: _____

Date: 01 October 2021 (Friday)

(B) Listen and tick (/).



- | | | | |
|----|---------------------------------------|------------------------------|-----------------------------|
| 1. | <input type="text" value="Listen :"/> | ☐ Yes | ☐ No |
| 2. | <input type="text" value="Listen :"/> | ☐ Yes | ☐ No |
| 3. | <input type="text" value="Listen :"/> | ☐ Yes | ☐ No |
| 4. | <input type="text" value="Listen :"/> | ☐ Yes | ☐ No |
| 5. | <input type="text" value="Listen :"/> | ☐ Yes | ☐ No |