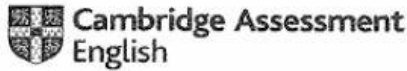




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Candidate Name	
Centre Name	
Examination Title	
Candidate Signature	

Candidate Number	
Centre Number	
Examination Details	
Assessment Date	

Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here ☐

Preliminary Listening Candidate Answer Sheet

Instructions

Use a **PENCIL (B or HB)**. Rub out any answer you want to change with an eraser.

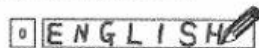
For Parts 1, 2 and 4:

Mark one letter for each answer. For example: If you think **A** is the right answer to the question, mark your answer sheet like this:



For Part 3:

Write your answers clearly in the spaces next to the numbers (14 to 19) like this:



Write your answers in **CAPITAL LETTERS**.

Part 1	
1	
2	
3	
4	
5	
6	
7	

Part 2	
8	
9	
10	
11	
12	
13	

Part 3		Do not write below here
14		14 1 0 ☐ ☐
15		15 1 0 ☐ ☐
16		16 1 0 ☐ ☐
17		17 1 0 ☐ ☐
18		18 1 0 ☐ ☐
19		19 1 0 ☐ ☐

Part 4	
20	
21	
22	
23	
24	
25	

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