



Do not write in this box

Candidate Name

Print clearly in CAPITALS and complete the Candidate No. grid in pencil.

Candidate Signature

Examination Title

Centre

Supervisor:

If the candidate is ABSENT or has WITHDRAWN shade here

Centre No.

Candidate No.

Examination Details

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Candidate Answer Sheet

Instructions

Use a PENCIL (B or HB).

Rub out any answer you wish to change using an eraser.

Parts 1, 3 and 4:

Mark ONE letter for each question.

For example, if you think **B** is the right answer to the question, mark your answer sheet like this:

0	A	B	C
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part 2:

Write your answer clearly in CAPITAL LETTERS.

Write one letter or number in each box.

If the answer has more than one word, leave one box empty between words.

For example:

0	A	N		E	X	A	M	P	L	E		
---	---	---	--	---	---	---	---	---	---	---	--	--

Turn this sheet over to start.

Part 1		
1	A	B C
2	A	B C
3	A	B C
4	A	B C
5	A	B C
6	A	B C
7	A	B C
8	A	B C

Part 2 (Remember to write in CAPITAL LETTERS or numbers)										Do not write in this area	
9										9	1 0 u
10										10	1 0 u
11										11	1 0 u
12										12	1 0 u
13										13	1 0 u
14										14	1 0 u
15										15	1 0 u
16										16	1 0 u
17										17	1 0 u
18										18	1 0 u

Part 3							
19	A	B	C	D	E	F	G H
20	A	B	C	D	E	F	G H
21	A	B	C	D	E	F	G H
22	A	B	C	D	E	F	G H
23	A	B	C	D	E	F	G H

Part 4		
24	A	B C
25	A	B C
26	A	B C
27	A	B C
28	A	B C
29	A	B C
30	A	B C