



Do not write in this box

**Candidate Name**

If not already printed, write name in CAPITALS and complete the Candidate No. grid (in pencil).

**Centre No.**

**Candidate Signature** \_\_\_\_\_

**Candidate No.**

**Examination Title**

**Examination Details**

**Centre**

**Supervisor:**

if the candidate is ABSENT or has WITHDRAWN shade here

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, 5, 6 and 7:**  
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	D
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parts 2, 3 and 4:**  
Write your answer clearly in CAPITAL LETTERS.

For Parts 2 and 3 write one letter in each box. For example:

0	E	X	A	M	P	L	E
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 1

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

### Part 2

Do not write below here											
9											0 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

Continues over

