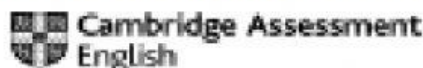




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Candidate Name

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Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here ☐**Preliminary for Schools Listening Candidate Answer Sheet****Instructions**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	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

Part 2

8	A	B	C
9	A	B	C
10	A	B	C
11	A	B	C
12	A	B	C
13	A	B	C

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	A B C
21	A B C
22	A B C
23	A B C
24	A B C
25	A B C

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