

EXEMPLAR

Multiple Choice Answer Sheet

Write your name and signature in the boxes below

Name:

Signature:

Write the name of your Centre in the box below

Centre Name:

Date of Examination:
D D M M Y Y Y Y

Write your Site Code and Candidate PIN in the boxes below

SITE CODE:
 .

CANDIDATE PIN:
 /

Mark one letter only from each group to indicate your answer

If you make a mistake rub it out completely

- | | | | | | | | | | | | | | |
|---|----------------------------|---|----------------------------|----|----------------------------|----|----------------------------|----|----------------------------|----|----------------------------|----|----------------------------|
| 1 | <input type="checkbox"/> a | 5 | <input type="checkbox"/> a | 9 | <input type="checkbox"/> a | 13 | <input type="checkbox"/> a | 17 | <input type="checkbox"/> a | 21 | <input type="checkbox"/> a | 25 | <input type="checkbox"/> a |
| | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b |
| | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c |
| | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d |
| 2 | <input type="checkbox"/> a | 6 | <input type="checkbox"/> a | 10 | <input type="checkbox"/> a | 14 | <input type="checkbox"/> a | 18 | <input type="checkbox"/> a | 22 | <input type="checkbox"/> a | | |
| | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | |
| | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | |
| | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | |
| 3 | <input type="checkbox"/> a | 7 | <input type="checkbox"/> a | 11 | <input type="checkbox"/> a | 15 | <input type="checkbox"/> a | 19 | <input type="checkbox"/> a | 23 | <input type="checkbox"/> a | | |
| | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | |
| | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | |
| | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | |
| 4 | <input type="checkbox"/> a | 8 | <input type="checkbox"/> a | 12 | <input type="checkbox"/> a | 16 | <input type="checkbox"/> a | 20 | <input type="checkbox"/> a | 24 | <input type="checkbox"/> a | | |
| | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | <input type="checkbox"/> b | | |
| | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | <input type="checkbox"/> c | | |
| | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | <input type="checkbox"/> d | | |