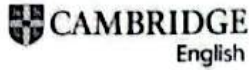


Paper-based answer sheet



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Page 1 of 1



Candidate Name: Thumisa Minyi

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Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here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

A B C

For Part 3:
Write your answers clearly in the spaces next to the numbers (14 to 19) like this:

ENGLISH

Write your answers in CAPITAL LETTERS

Part 1			
1	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
2	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
3	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C
4	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C
5	<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C
6	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C
7	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C

Part 2			
8	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C
9	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C
10	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
11	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C
12	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C
13	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C

Part 3		Do not write below here
14	<u>My father</u>	<input type="radio"/> 14 <input type="radio"/> 1 <input type="radio"/> 0
15	<u>Primary school</u>	<input type="radio"/> 15 <input type="radio"/> 1 <input type="radio"/> 0
16	<u>80</u>	<input type="radio"/> 16 <input type="radio"/> 1 <input type="radio"/> 0
17	_____	<input type="radio"/> 17 <input type="radio"/> 1 <input type="radio"/> 0
18	<u>Control</u>	<input type="radio"/> 18 <input type="radio"/> 1 <input type="radio"/> 0
19	<u>coffee coffee</u>	<input type="radio"/> 19 <input type="radio"/> 1 <input type="radio"/> 0

Part 4			
20	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C
21	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
22	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C
23	<input checked="" type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C
24	<input type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C
25	<input checked="" type="radio"/> A	<input checked="" type="radio"/> B	<input type="radio"/> C

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Page 1 of 1

40787



Paper-based answer sheet

Page 2 of 2

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For Part 6:
Write your answers clearly in the spaces next to the numbers (27 to 32) like this:
Write your answers in CAPITAL LETTERS.

E N G L I S H

Part 6	Write your answers here	Mark
27	when	1 0 0
28	eich	1 0 0
29	he	1 0 0
30	did	1 0 0
31	went	1 0 0
32	any	1 0 0

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Page 1 of 2

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CAMBRIDGE
English

Candidate Name: Thumiraj Pinal

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 Reading 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, 3, 4 and 5:
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:

A B C D

Part 1
1 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
2 <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D
3 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
4 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
5 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Part 2
5 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
7 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
8 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
9 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
10 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H

Part 3
11 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
12 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
13 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
14 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
15 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Part 4
16 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
17 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
18 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
19 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H
20 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H

Part 5
21 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
22 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
23 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
24 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
25 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
26 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D