



Use only English CAPITAL LETTERS.

First
Name:

Last
Name:

Registration Number (provided by Invigilator)

INSTRUCTIONS

- You can only use a soft pencil (2B,HB).
- Fill in the Registration Number.
- Clearly erase any answer you wish to change.
- Fill in the circles completely as shown.
- Ask your invigilator for further clarification.

WRONG



CORRECT



	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F
<input type="text"/>	<input type="radio"/>															
<input type="text"/>	<input type="radio"/>															
<input type="text"/>	<input type="radio"/>															

Listening

PART 1

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

PART 2

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

PART 3

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

PART 4

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

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The invigilator verifies that the answer sheet is completed according to the LanguageCert guidelines.



Exam Date (dd/mm/yyyy)

..... / /

Candidate Signature

