



Examination code:

09102007

EA

210000

Number of examination centre:

SCC examination centre:

Location:

Date of examination:

Examination form:  written  Read-out questions

Candidate`s number:

Surname:

Forenames or initials:

Date of birth:

Place of birth:

Errors:

Score:

Note! Only use a black pencil to enter your answers; correct any incorrect answer, where relevant, by thoroughly erasing the incorrect answer. Only one answer is correct! Examination markers are not permitted to write on this answer sheet other than in the Score box.

	A	B	C		A	B	C
1	<input type="checkbox"/>			21		<input type="checkbox"/>	
2	<input type="checkbox"/>			22	<input type="checkbox"/>		
3			<input type="checkbox"/>	23			<input type="checkbox"/>
4		<input type="checkbox"/>		24		<input type="checkbox"/>	
5		<input type="checkbox"/>		25	<input type="checkbox"/>		
6		<input type="checkbox"/>		26		<input type="checkbox"/>	
7		<input type="checkbox"/>		27			<input type="checkbox"/>
8			<input type="checkbox"/>	28	<input type="checkbox"/>		
9		<input type="checkbox"/>		29			<input type="checkbox"/>
10	<input type="checkbox"/>			30		<input type="checkbox"/>	
11			<input type="checkbox"/>	31		<input type="checkbox"/>	
12			<input type="checkbox"/>	32		<input type="checkbox"/>	
13	<input type="checkbox"/>			33	<input type="checkbox"/>		
14			<input type="checkbox"/>	34	<input type="checkbox"/>		
15	<input type="checkbox"/>			35			<input type="checkbox"/>
16			<input type="checkbox"/>	36		<input type="checkbox"/>	
17			<input type="checkbox"/>	37	<input type="checkbox"/>		
18		<input type="checkbox"/>		38		<input type="checkbox"/>	
19		<input type="checkbox"/>		39			<input type="checkbox"/>
20	<input type="checkbox"/>			40			<input type="checkbox"/>

