



Use only English CAPITAL LETTERS.

First  
Name:

Last  
Name:

Registration Number (provided by Invigilator)

0 1 2 3 4 5 6 7 8 9 A B C D E F

**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**



**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"/> |

**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"/> |

**PART 3**

1.
2.
3.
4.
5.
6.
7.

**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"/> |
| 7. | <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













