

# Listening Answer Sheet

Candidate  
Name

Candidate  
No.

Centre  
No.

Test Date

Day

Month

Year

Listening Listening Listening Listening Listening Listening Listening

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Marker use only

|    |   |   |
|----|---|---|
| 1  | ✓ | x |
| 2  | ✓ | x |
| 3  | ✓ | x |
| 4  | ✓ | x |
| 5  | ✓ | x |
| 6  | ✓ | x |
| 7  | ✓ | x |
| 8  | ✓ | x |
| 9  | ✓ | x |
| 10 | ✓ | x |
| 11 | ✓ | x |
| 12 | ✓ | x |
| 13 | ✓ | x |
| 14 | ✓ | x |
| 15 | ✓ | x |
| 16 | ✓ | x |
| 17 | ✓ | x |
| 18 | ✓ | x |
| 19 | ✓ | x |
| 20 | ✓ | x |

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Marker use only

|    |   |   |
|----|---|---|
| 21 | ✓ | x |
| 22 | ✓ | x |
| 23 | ✓ | x |
| 24 | ✓ | x |
| 25 | ✓ | x |
| 26 | ✓ | x |
| 27 | ✓ | x |
| 28 | ✓ | x |
| 29 | ✓ | x |
| 30 | ✓ | x |
| 31 | ✓ | x |
| 32 | ✓ | x |
| 33 | ✓ | x |
| 34 | ✓ | x |
| 35 | ✓ | x |
| 36 | ✓ | x |
| 37 | ✓ | x |
| 38 | ✓ | x |
| 39 | ✓ | x |
| 40 | ✓ | x |

Marker 2  
Signature:

Marker 1  
Signature:

Listening Total:

|  |  |
|--|--|
|  |  |
|--|--|



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