

DURATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLASS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



***DO NOT TURN THIS BOOKLET UNTIL YOUR TEACHER SAYS SO.***

Instructions;

1. Shade the options like this; NOT
2. Erase any previous completely option when changing answers.
3. Do not shade more than one answers { Your answer will be cancelled }
4. All questions must be directed to your supervisors; Do not speak to your colleagues!!
5. Crosscheck all Answers when done



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