

OTQ 01 Instructions for recording answers

- ▶ Only **one** answer per question is allowed.
- ▶ For each answer **completely fill in the circle** under the appropriate letter, as in this example:

A	B	C	D
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
- ▶ Do **not** extend beyond the circles.
- ▶ If you want to change your answer, **you must** cross out your original answer, as shown:

A	B	C	D
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
- ▶ If you wish to return to an answer previously crossed out, ring the answer you now wish to select, as shown:

A	B	C	D
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
- ▶ This sheet has rows 1 to 50 for answers to Questions 1 to 50. If your question paper has fewer than 50 questions, ignore the extra rows on this sheet.

For office use only

	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>				
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>				
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>				
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>				
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>				
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>				
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>				
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>				
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr> </table>				

For completion by the examination invigilator Please fill in this circle if the candidate is absent:

1	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41	A	B	C	D
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Instructions

- ▶ Use black **ballpoint** pen to complete both sides of this form.
- ▶ **Do not** use pencil or felt tip pen or fountain pen.
- ▶ Please sign this **Declaration** to confirm that you have read these **Instructions** and that your name and candidate number, as printed above, are correct.

Signature: _____ Date: _____

- ▶ Now turn over and use the reverse of this sheet to mark your responses to the questions.