

1	(1)	
	(2)	
	(3)	
2	(4)	cm
	(5)	
3	(6)	
	(7)	
4	(8)	
	(9)	
5	(10)	

- Use an eraser when correcting your answers.
- Write your answers clearly on the answer sheet.

Please fill in the box below.

Put your sticker for Section 2 with the bar code here.	Name		Examinee Number
	Gender (Check the appropriate box)		Age
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
	Date of Birth (year)	(month)	(day)
	Address		
		/ 20	

