

<b>1</b>	(1)	
	(2)	
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
	(10)	

<b>1</b>	(11)	
	(12)	
<b>2</b>	(13)	
	(14)	
	(15)	
<b>3</b>	(16)	L
	(17)	L
<b>4</b>	(18)	degrees
	(19)	
<b>5</b>	(20)	

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

Please fill in the box.(the bold part is mandatory)

Put your sticker  
with the bar code here.

<b>Name</b>		<b>Examinee Number</b>	
		—	
<b>Date of Birth (year)</b>		<b>(month)</b>	<b>(day)</b>
Gender (Check the appropriate box) Male <input type="checkbox"/> Female <input type="checkbox"/>		<b>Age</b>	
<b>Address</b>			/
			30

