

Level 2 – Reading

Answer Sheet

Your full name:
(BLOCK CAPITALS)

Candidate registration number:

Centre: Date:

Please answer **all** questions. Write your answers in pen, **not** pencil. You may **not** use dictionaries. You may **not** use correction fluid.

Please **circle** the letter of the best answer for each question. If you make a mistake, cross out the letter and circle your final answer.

Task 1

Question	Answer
1.	A B C D E F
2.	A B C D E F
3.	A B C D E F
4.	A B C D E F
5.	A B C
6.	A B C

Task 2

Question	Answer
7.	A B C D E F
8.	A B C D E F
9.	A B C D E F
10.	A B C D E F
11.	A B C
12.	A B C
13.	A B C
14.	A B C
15.	A B C
16.	A B C

Task 3

Question	Answer
17.	A B C D E
18.	A B C D E
19.	A B C D E
20.	A B C
21.	A B C
22.	A B C
23.	A B C D E F
24.	A B C D E F
25.	A B C D E F
26.	A B C
27.	A B C
28.	A B C
29.	A B C
30.	A B C