N5

# Generic Answer Booklet

# Fill in these boxes and read what is printed below.

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| **Full name of centre** | **Town** |
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| **Forename(s)** | **Surname** | **Number of seat** |
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| **Date of birth** | **Scottish candidate number** |
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## **Subject**

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## **Level**

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## **Paper**

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Type your candidate number into the header on the next page.

Type your answers clearly in this answer booklet. Type the question number into the left-hand column.

Before leaving the examination room print out your booklet and give it to the Invigilator; if you do not, you may lose all the marks for this paper.

| ENTER QUESTION NUMBER BELOW | Type your answers for each question below.  Do not type in this shaded box | DO NOT TYPE IN THIS MARGIN |
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| For Marker’s Use | | |
| Question No | Marks / Grades | |
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