X830/77/01	Qualifications	ding and Translatio	
	FOR OFFICIAL USE		



## \* X 8 3 0 7 7 0 1 \*

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

Full name of cer	itre			Town					
Forename(s)		Sur	name				Num	nber of	seat
Date of birt	h								
Day	Month	Year	Scottish (	candidat	e numbe	er			

Write your answers clearly in this answer booklet. You must clearly identify in the margin the question number you are attempting.

Use **blue** or **black** ink.

Before leaving the examination room you must give this booklet to the Invigilator; if you do not, you may lose all the marks for this paper.





I ENTER	
ENTER NUMBER OF	DO NOT WRITE IN THIS
OF QUESTION	THIS MARGIN
QUESTION	MARGIN
	]
L	



	-
ENTER	DO NOT
ENTER NUMBER OF	DO NOT WRITE IN THIS
QUESTION	MARGIN
L	



ENTER	DO NOT
ENTER NUMBER	WRITE IN THIS
OF	MARGIN



	-
ENTER	DO NOT
ENTER NUMBER OF	DO NOT WRITE IN THIS
QUESTION	MARGIN
L	



ENTER	I DO NOT I
ENTER NUMBER OF	DO NOT WRITE IN THIS
	MARGIN



	-
ENTER	DO NOT
ENTER NUMBER OF	DO NOT WRITE IN THIS
QUESTION	MARGIN
L	



I ENTER	DO NOT
ENTER NUMBER	WRITE IN THIS
OF	MARGIN
L	I



	-
ENTER	DO NOT
ENTER NUMBER OF	DO NOT WRITE IN THIS
QUESTION	MARGIN
L	



ENTER	I DO NOT I
ENTER NUMBER OF	DO NOT WRITE IN THIS
	MARGIN



	-
ENTER	DO NOT
ENTER NUMBER OF	DO NOT WRITE IN THIS
QUESTION	MARGIN
L	



For marker's use	
Question	Marks

