

FOR OFFICIAL USE



--	--	--	--	--	--

National  
Qualifications

Mark

--

**X819/76/01**

**Design and Manufacture  
Answer Booklet**



Fill in these boxes and read what is printed below.

Full name of centre

Town

Forename(s)

Surname

Number of seat

Date of birth

Day

Month

Year

Scottish candidate number

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.



ENTER NUMBER OF QUESTION		DO NOT WRITE IN THIS MARGIN





ENTER  
NUMBER  
OF  
QUESTION

DO NOT  
WRITE IN  
THIS  
MARGIN




ENTER  
NUMBER  
OF  
QUESTION

DO NOT  
WRITE IN  
THIS  
MARGIN






ENTER NUMBER OF QUESTION		DO NOT WRITE IN THIS MARGIN





ENTER  
NUMBER  
OF  
QUESTION

DO NOT  
WRITE IN  
THIS  
MARGIN






ENTER  
NUMBER  
OF  
QUESTION

DO NOT  
WRITE IN  
THIS  
MARGIN




ENTER NUMBER OF QUESTION		DO NOT WRITE IN THIS MARGIN







ENTER NUMBER OF QUESTION		DO NOT WRITE IN THIS MARGIN







ENTER NUMBER OF QUESTION		DO NOT WRITE IN THIS MARGIN







ENTER NUMBER OF QUESTION		DO NOT WRITE IN THIS MARGIN







ENTER NUMBER OF QUESTION		DO NOT WRITE IN THIS MARGIN





ENTER NUMBER OF QUESTION		DO NOT WRITE IN THIS MARGIN



ENTER NUMBER OF QUESTION		DO NOT WRITE IN THIS MARGIN

ENTER  
NUMBER  
OF  
QUESTION

DO NOT  
WRITE IN  
THIS  
MARGIN


ENTER NUMBER OF QUESTION		DO NOT WRITE IN THIS MARGIN





ENTER  
NUMBER  
OF  
QUESTION

DO NOT  
WRITE IN  
THIS  
MARGIN




ENTER  
NUMBER  
OF  
QUESTION

DO NOT  
WRITE IN  
THIS  
MARGIN












For marker's use	
Question	Marks

