	FOR OFFICIAL USE		
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	National Qualifications		Mark

X843/76/02

Latin Translating Answer booklet



Full name of centre				Town	
Forename(s)		Sur	name		Number of seat
Date of bir	th				
Date of bil	Month	Year		ndidate number	

Write your answer clearly in this answer booklet.

Use blue or black ink.

Before leaving the examination room you must give both booklets 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



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For marker's use		
Question	Marks	