

ENGLISH FOR OFFICE SKILLS

LEVEL 2

This paper must be returned with the candidate's work, otherwise the entry will be void and no result will be issued.



No **EL-OFFN 12**
90025

CANDIDATE'S NAME
(Block letters please)

CENTRE NO DATE

Time allowed: 1 hour

Answer ALL questions in Section A and Section B.

Section A - Spelling
Listening Comprehension

Section B - Reading Comprehension
- Syntax
- Vocabulary
- Punctuation
- Proof-reading (A)
- Proof-reading (B)

Your answers should be written in the question booklet in the spaces provided.

All answers must be written in ink.

FOR EXAMINER'S USE ONLY

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	TOTAL
20	10	10	20	10	15	5	10	100