

IELTS Listening Answer Sheet

Candidate
NameCandidate
No.Centre
No.

Test Date

Day

Month

Year

Listening Listening Listening Listening Listening Listening Listening

Marker use only

Marker use only

1		1 ✓ ☐ ☐
2		2 ✓ ☐ ☐
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40		40 ✓ ☐ ☐

Marker 2
Signature:Marker 1
Signature:

Listening Total:

