

NON-VERBAL REASONING

MERGING SHAPES

Paper 3

Challenging Level

Read the following instructions carefully:

1. The test has 20 questions in total and you have 10 minutes to complete it.
2. This is a multiple-choice test.
3. Work as carefully and as quickly as you can.
4. Answers should be marked on the answer sheet provided and not on this paper.
5. If you make a mistake, rub it out completely and put in your new answer.

Good Luck!

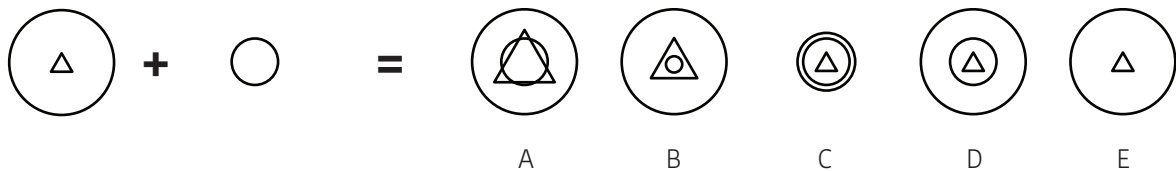


SECTION 1 - ADDING SHAPES

Instructions:

Work out which option is formed when the two figures on the left are added together.

Example 1:



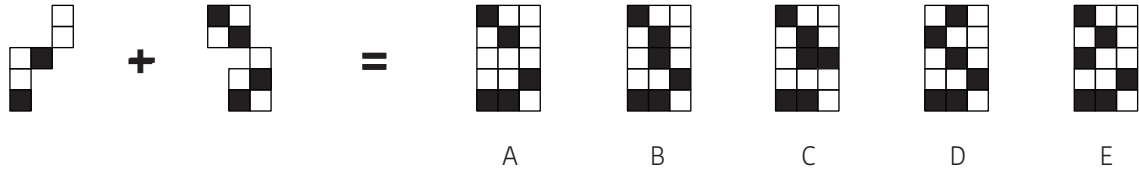
Answer:

Example	
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>
E	<input type="checkbox"/>



ADDING SHAPES

1



A

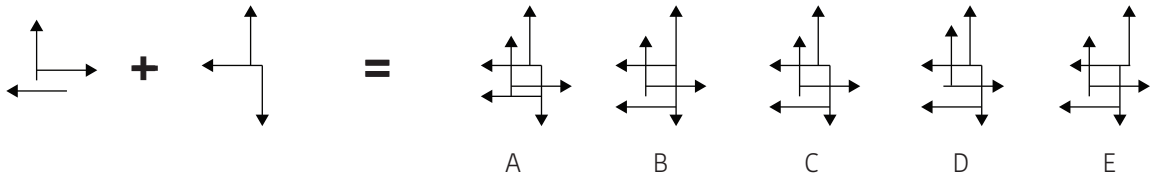
B

C

D

E

2



A

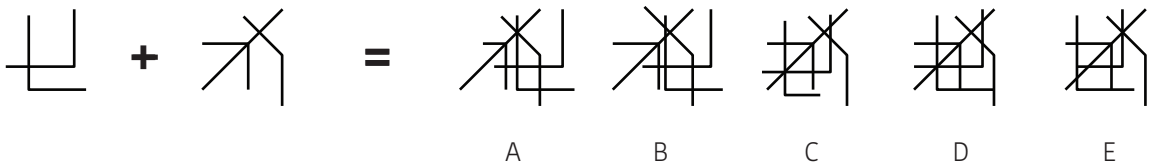
B

C

D

E

3



A

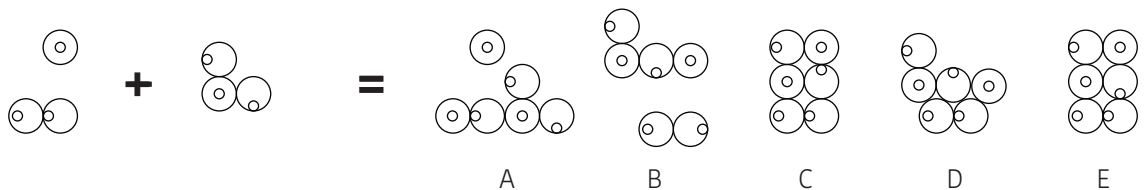
B

C

D

E

4



A

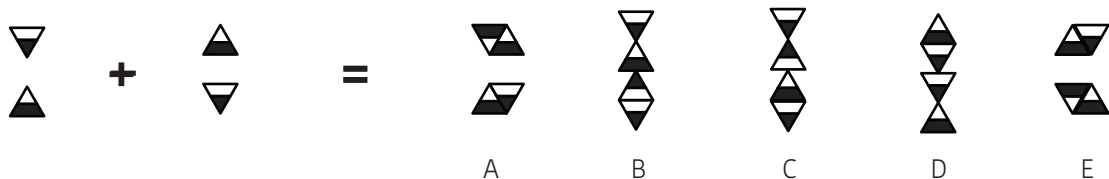
B

C

D

E

5



A

B

C

D

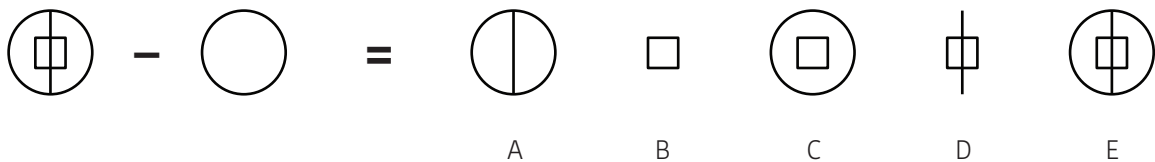
E

SECTION 2 - SUBTRACTING SHAPES

Instructions:

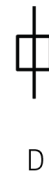
Work out which option is formed when the second figure on the left is removed from the first figure.

Example 2:



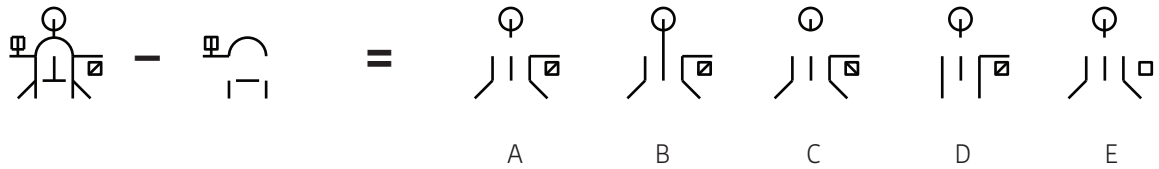
Answer:

Example	
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>
E	<input type="checkbox"/>

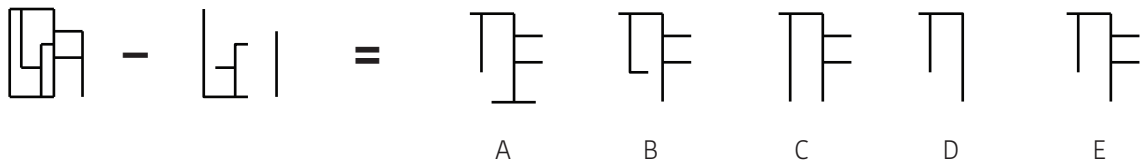


SUBTRACTING SHAPES

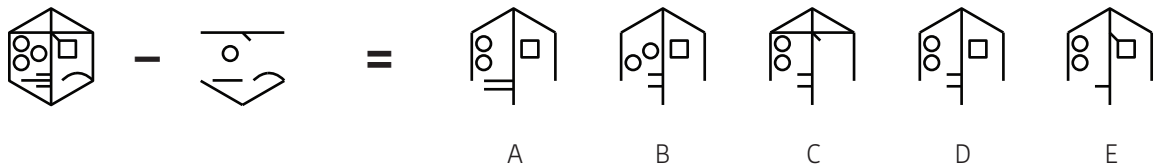
6



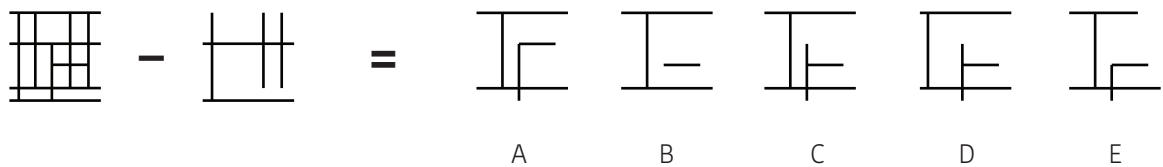
7



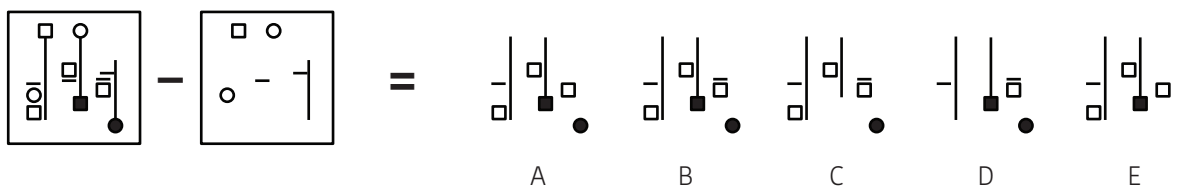
8



9



10

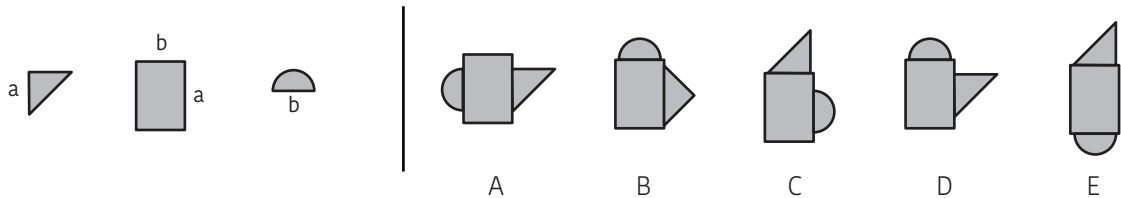


SECTION 3 - MERGING SHAPES

Instructions:

Work out which option would be formed if the three shapes on the left are merged together by connecting the sides with the same letter.

Example 3:

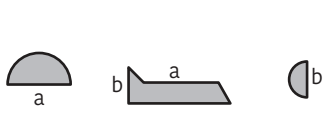
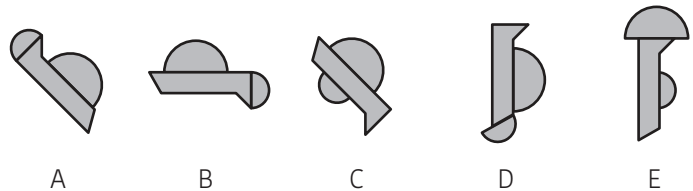
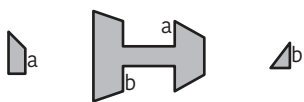
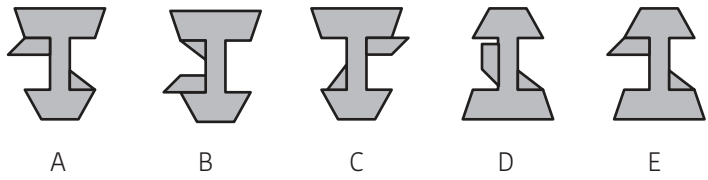
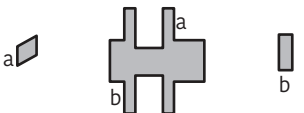
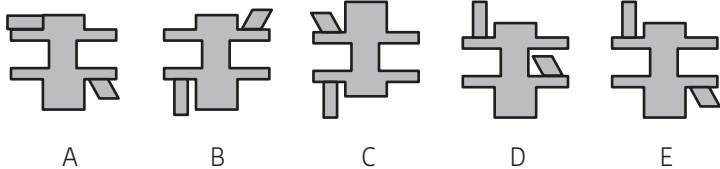
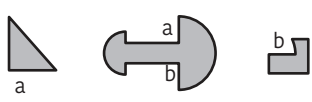
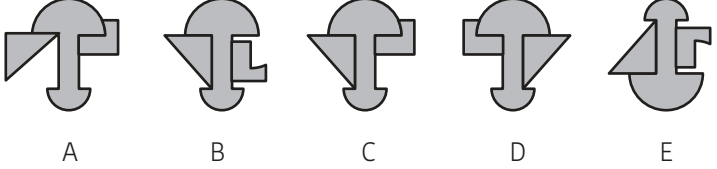
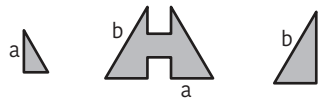
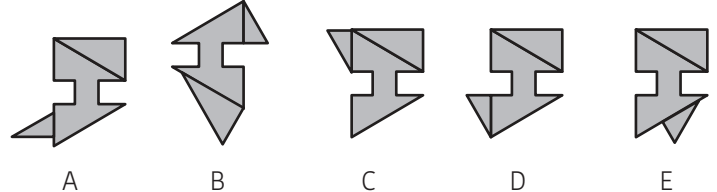


Answer:

Example	
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>
E	<input type="checkbox"/>



MERGING SHAPES

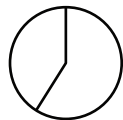
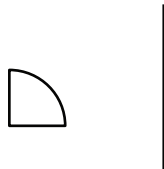
11		
12		
13		
14		
15		

SECTION 4 - HIDDEN SHAPES

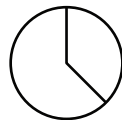
Instructions:

Work out in which option is the figure on the left hidden.

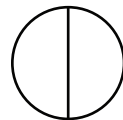
Example 4:



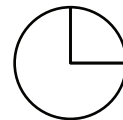
A



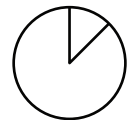
B



C



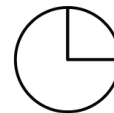
D



E

Answer:

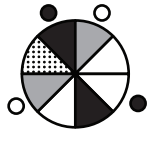
Example	
A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input checked="" type="checkbox"/>
E	<input type="checkbox"/>



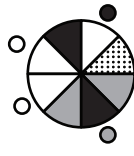
D

HIDDEN SHAPES

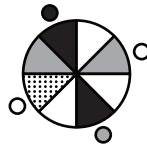
16



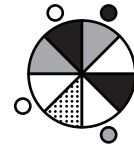
A



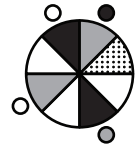
B



C

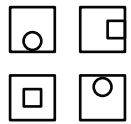


D

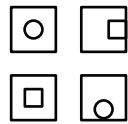


E

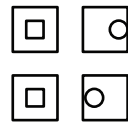
17



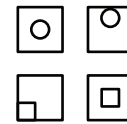
A



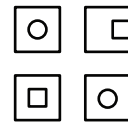
B



C

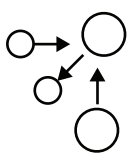
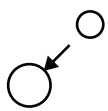


D

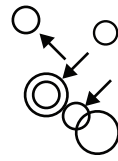


E

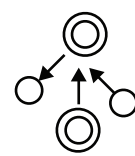
18



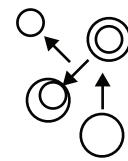
A



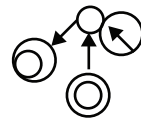
B



C

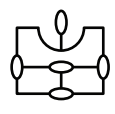


D



E

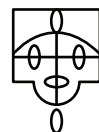
19



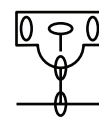
A



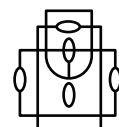
B



C

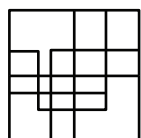
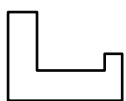


D

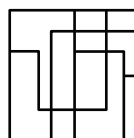


E

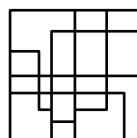
20



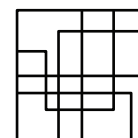
A



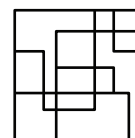
B



C



D



E

NON-VERBAL REASONING

MERGING SHAPES

Paper 3 : Challenging Level

ANSWER SHEET

Pupil's name:	Date of test:
School name:	Date of birth:

Instructions:

Mark your answers like this: A

Example 1	Q1	Q2	Q3	Q4	Q5
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>
B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>
C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>
D <input checked="" type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>
E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>
Example 2	Q6	Q7	Q8	Q9	Q10
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>
B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>
C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>
D <input checked="" type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>
E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>
Example 3	Q11	Q12	Q13	Q14	Q15
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>
B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>
C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>
D <input checked="" type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>
E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>
Example 4	Q16	Q17	Q18	Q19	Q20
A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>	A <input type="checkbox"/>
B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>
C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>
D <input checked="" type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>
E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>

THE END