

# NON-VERBAL REASONING

## SERIES

Paper 2  
Difficult Level

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Read the following instructions carefully:

1. The test has 15 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!

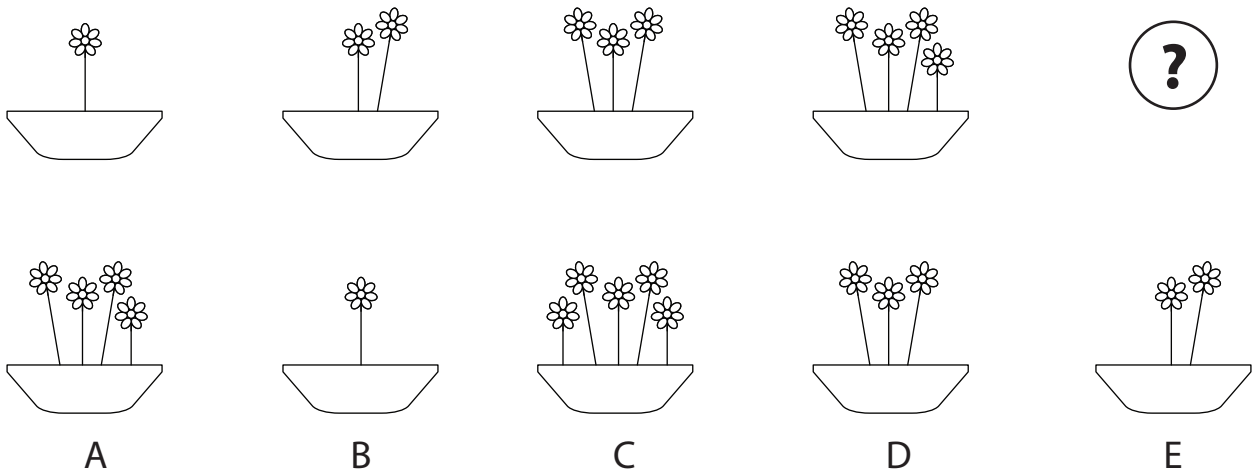


# SERIES

## Instructions:

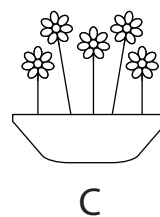
In each of the rows below, there are five figures. Find the figure that best completes the series.

### Example:



### Answer:

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

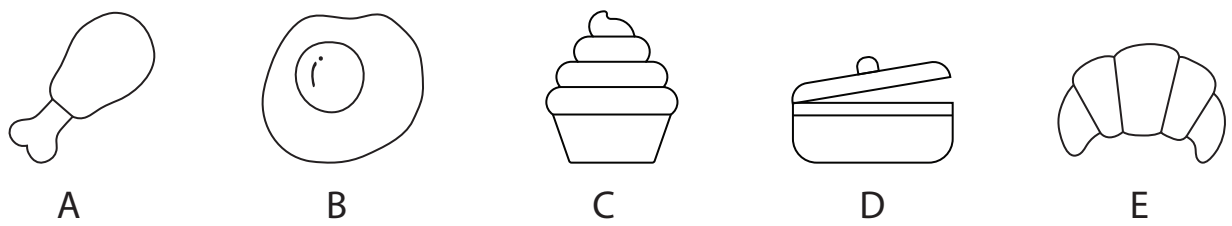
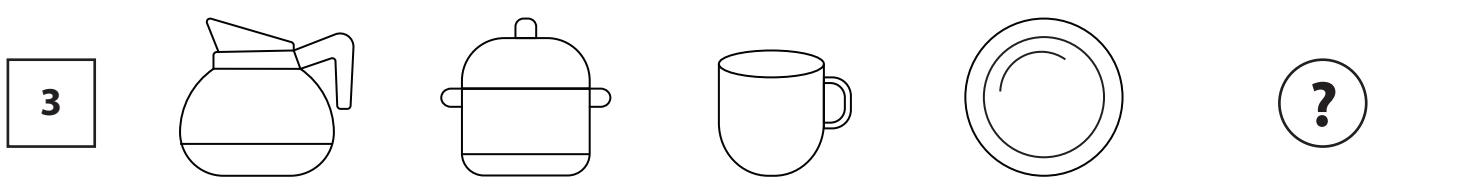
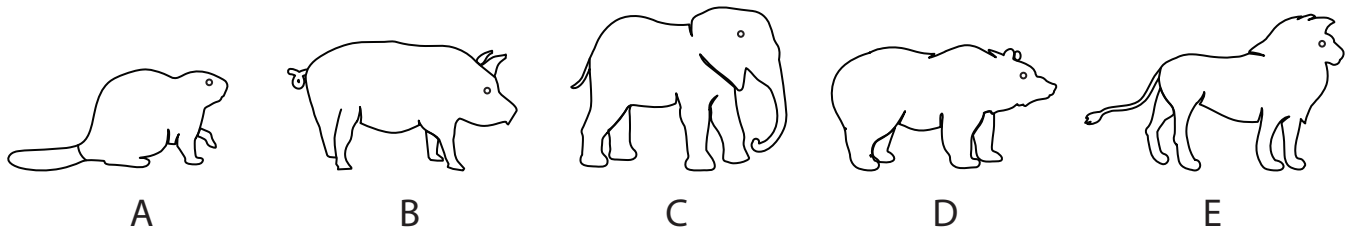
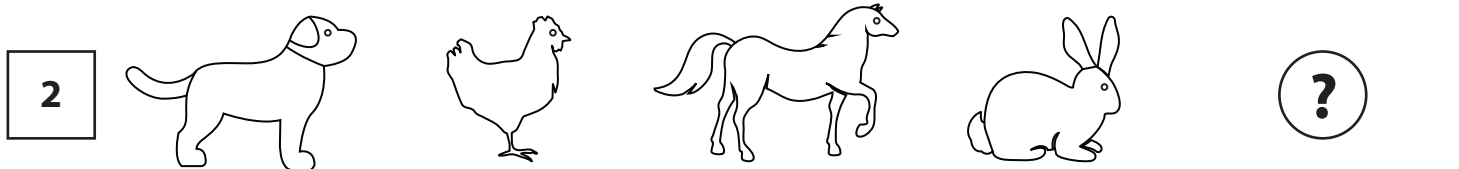
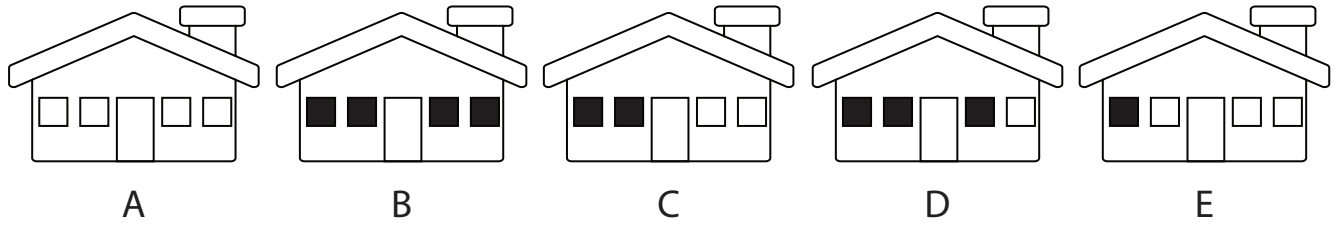
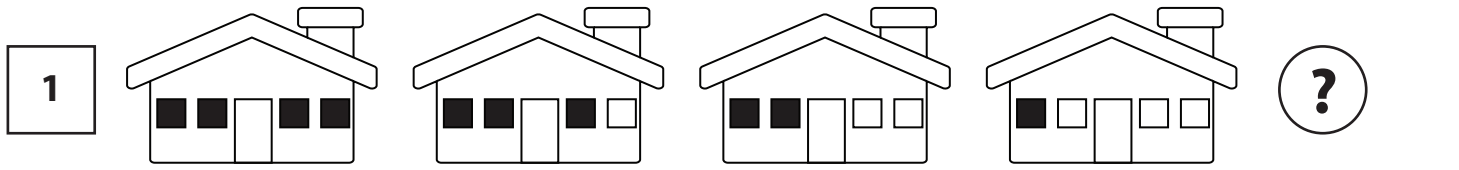


### Explanation:

Each option has a potted flower. The number of flowers increases by one each time. The next figure would be a pot with 5 flowers.

Therefore, C is the correct answer.

# SERIES

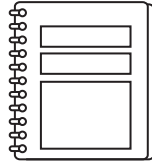


# SERIES

4



A



B



C

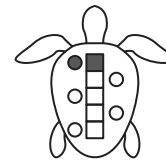
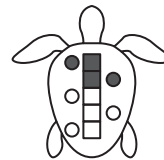


D

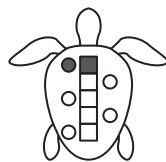


E

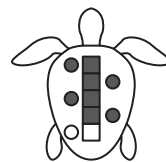
5



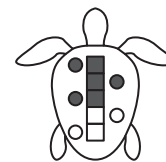
A



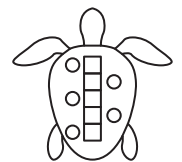
B



C

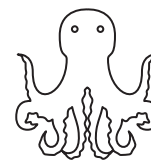
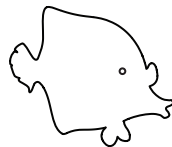


D

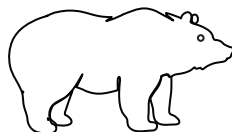


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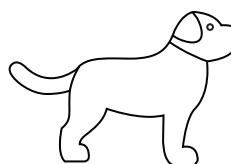
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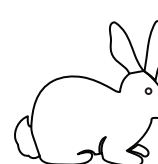
A



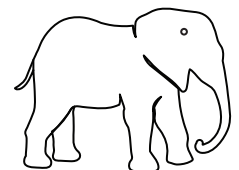
B



C

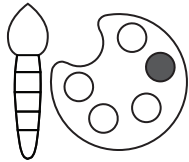
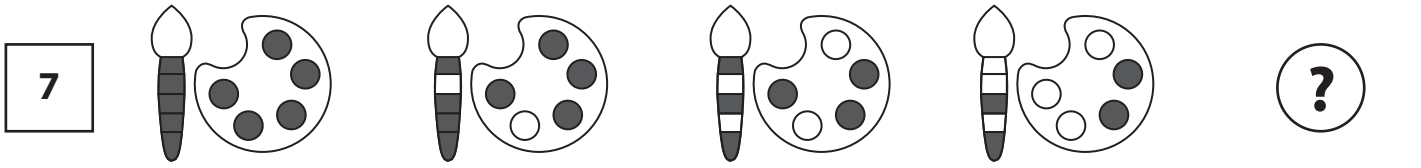


D



E

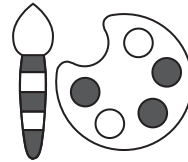
# SERIES



A



B



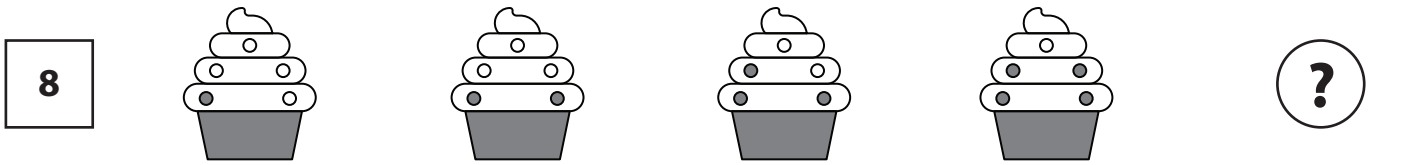
C



D



E



A



B



C



D



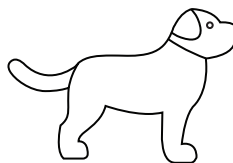
E



A



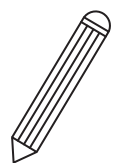
B



C



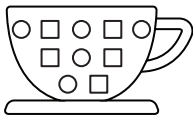
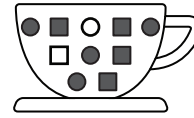
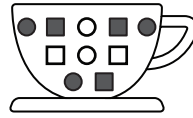
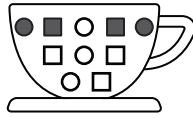
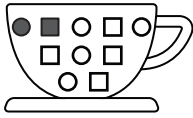
D



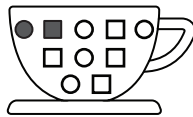
E

# SERIES

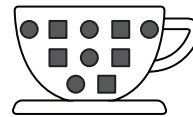
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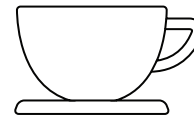
A



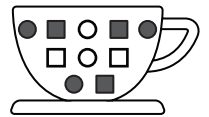
B



C

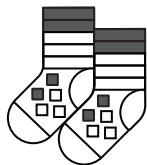
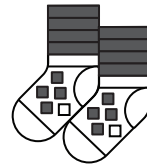
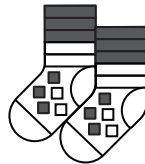
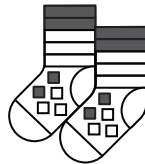
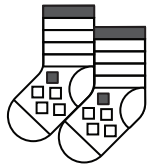


D

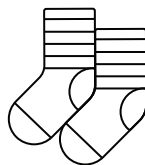


E

11



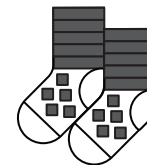
A



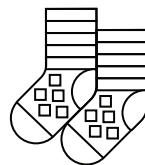
B



C

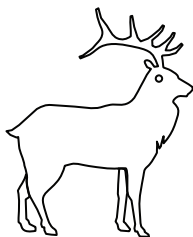
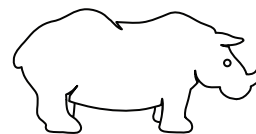
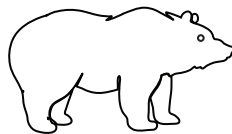
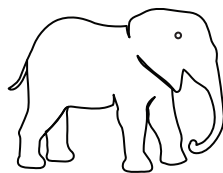


D

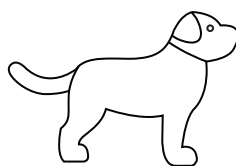


E

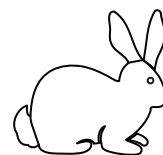
12



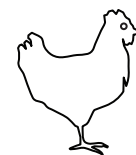
A



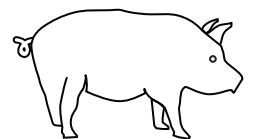
B



C



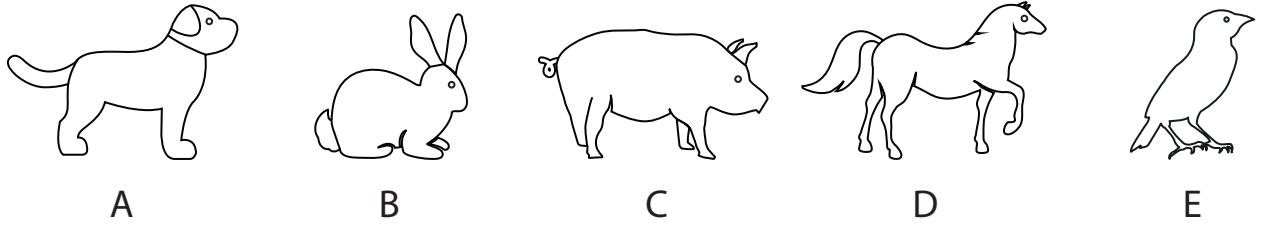
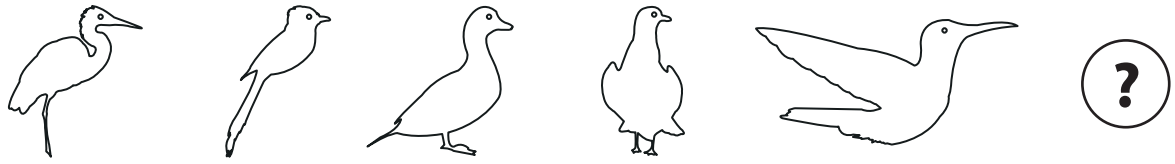
D



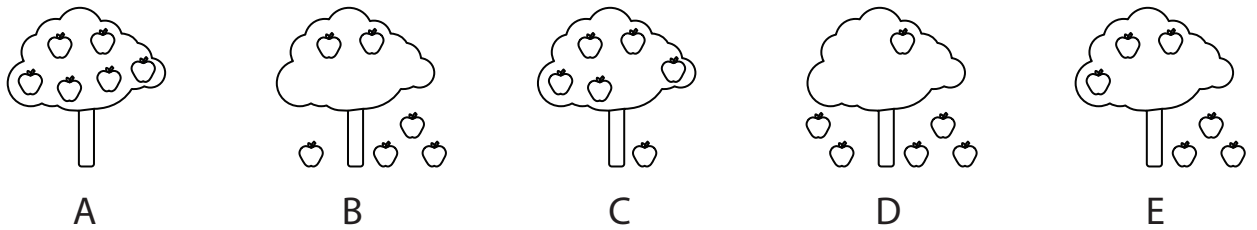
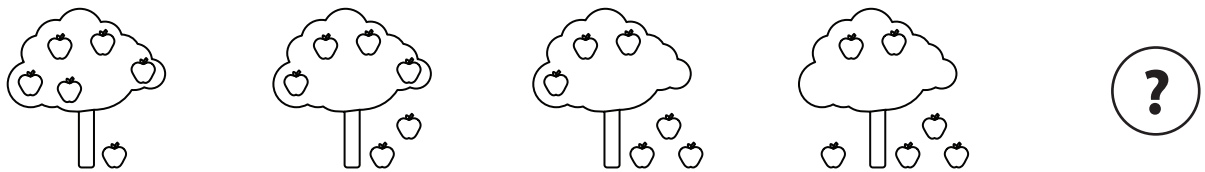
E

# SERIES

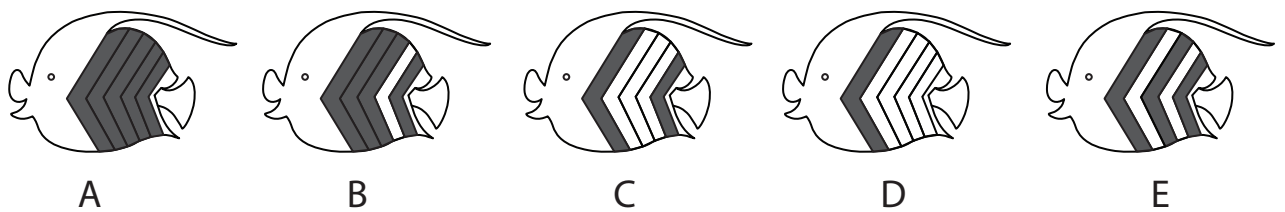
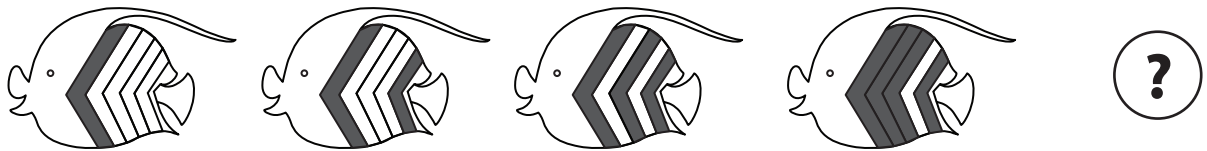
13



14



15



# NON-VERBAL REASONING

## SERIES

### Paper 2: Difficult Level

## ANSWER SHEET

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

### Instructions:

Mark your answers like this: A

Example	Q1	Q2	Q3	Q4	Q5	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"/>	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"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>	B <input type="checkbox"/>
C <input checked="" 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"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>	C <input type="checkbox"/>
D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input type="checkbox"/>	D <input 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"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>	E <input type="checkbox"/>

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"/>
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"/>
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"/>

**THE END**