

NON-VERBAL REASONING

HIDDEN SHAPE

Paper 2
Difficult Level

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!

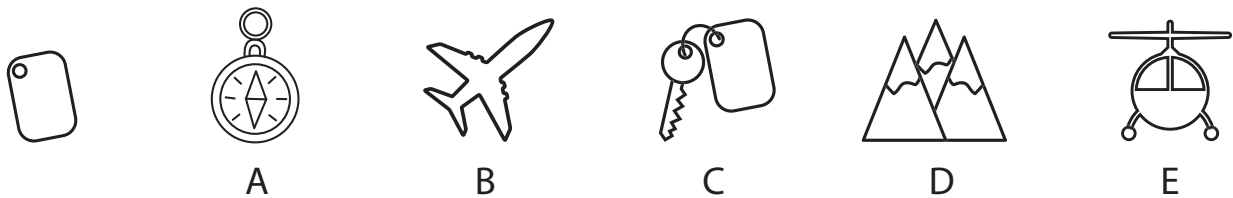


HIDDEN SHAPE

Instructions:

In which picture on the right is the picture on the left hidden.

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:

The key tag is part of the key chain.

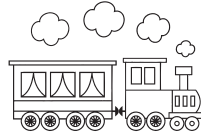
Therefore, the correct answer is C.

HIDDEN SHAPE

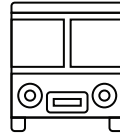
1



A



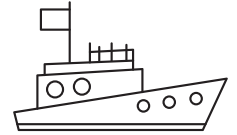
B



C



D

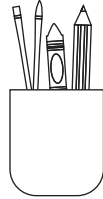


E

2



A



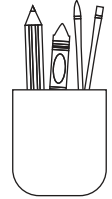
B



C

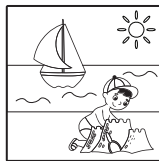


D

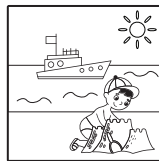


E

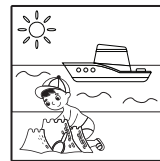
3



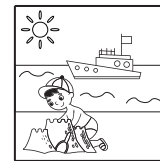
A



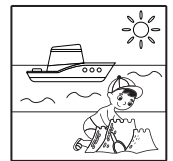
B



C



D



E

4



A



B



C

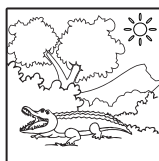


D

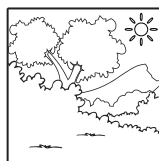


E

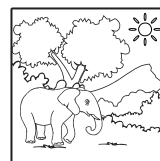
5



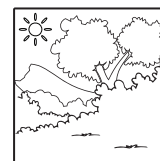
A



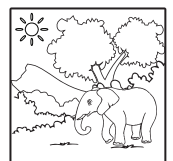
B



C



D



E

HIDDEN SHAPE

6



A



B



C

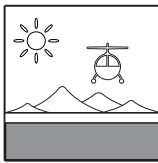


D

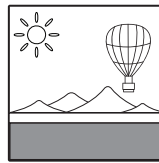


E

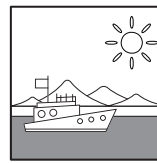
7



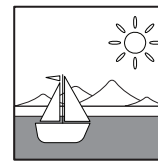
A



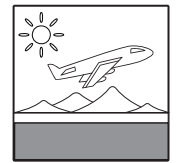
B



C



D



E

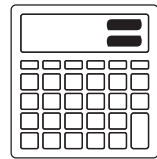
8



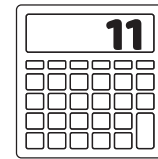
A



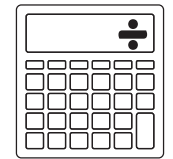
B



C

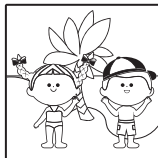


D

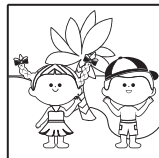


E

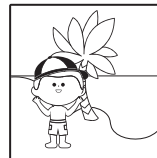
9



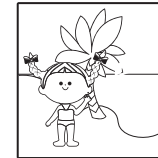
A



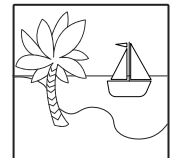
B



C

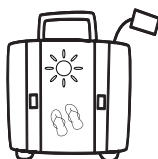


D



E

10



A



B



C



D



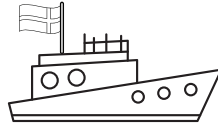
E

HIDDEN SHAPE

11



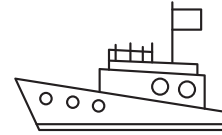
A



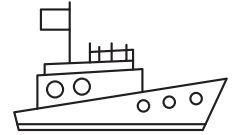
B



C



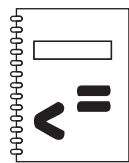
D



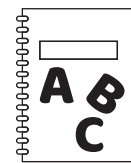
E

12

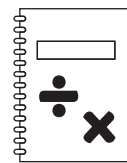
3



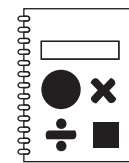
A



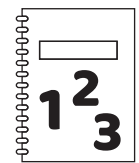
B



C

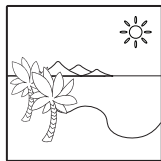


D

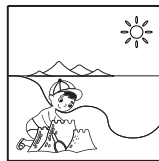


E

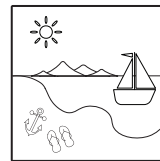
13



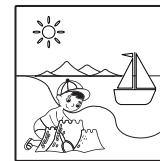
A



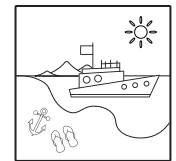
B



C

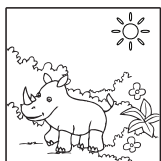


D

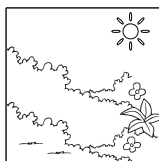


E

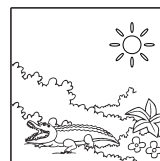
14



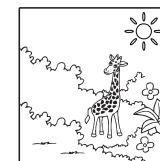
A



B



C



D



E

15



A



B



C



D



E

NON-VERBAL REASONING

HIDDEN SHAPE 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