



ANSWER SHEET

SURNAME _____ AGE _____

FIRST NAME _____ GENDER MALE FEMALE DATE OF BIRTH Y Y Y Y M M D D

IDENTIFICATION / PASSPORT NUMBER _____

HOME LANGUAGE PLEASE SPECIFY: _____

ETHNIC GROUP 1 ASIAN 2 BLACK/AFRICAN 3 COLOURED/MIXED RACE 4 INDIAN 5 WHITE/CAUCASIAN

6 OTHER PLEASE SPECIFY: _____

EDUCATION 1 LOWER THAN GRADE 10/ STANDARD 8 2 GRADE 10/ STANDARD 8 3 GRADE 11/ STANDARD 9 4 GRADE 12/ STANDARD 10 5 SOME UNIVERSITY

6 DIPLOMA OR CERTIFICATE 7 BACHELOR'S DEGREE 8 HONOURS DEGREE 9 MASTERS DEGREE 10 DOCTORATE

Section 1 Number Problems

<input type="checkbox"/> i.	a	b	c	d
<input type="checkbox"/> ii.	a	b	c	d
<input type="checkbox"/> 1.	a	b	c	d
<input type="checkbox"/> 2.	a	b	c	d
<input type="checkbox"/> 3.	a	b	c	d
<input type="checkbox"/> 4.	a	b	c	d
<input type="checkbox"/> 5.	a	b	c	d
<input type="checkbox"/> 6.	a	b	c	d
<input type="checkbox"/> 7.	a	b	c	d
<input type="checkbox"/> 8.	a	b	c	d
<input type="checkbox"/> 9.	a	b	c	d
<input type="checkbox"/> 10.	a	b	c	d
<input type="checkbox"/> 11.	a	b	c	d
<input type="checkbox"/> 12.	a	b	c	d
<input type="checkbox"/> 13.	a	b	c	d
<input type="checkbox"/> 14.	a	b	c	d

Section 2 Patterns

<input type="checkbox"/> i.	a	b	c	d
<input type="checkbox"/> ii.	a	b	c	d
<input type="checkbox"/> 1.	a	b	c	d
<input type="checkbox"/> 2.	a	b	c	d
<input type="checkbox"/> 3.	a	b	c	d
<input type="checkbox"/> 4.	a	b	c	d
<input type="checkbox"/> 5.	a	b	c	d
<input type="checkbox"/> 6.	a	b	c	d
<input type="checkbox"/> 7.	a	b	c	d
<input type="checkbox"/> 8.	a	b	c	d
<input type="checkbox"/> 9.	a	b	c	d
<input type="checkbox"/> 10.	a	b	c	d
<input type="checkbox"/> 11.	a	b	c	d

Section 3 Interpretation

<input type="checkbox"/> i.	a	b	c	d
<input type="checkbox"/> ii.	a	b	c	d
<input type="checkbox"/> 1.	a	b	c	<input type="checkbox"/>
<input type="checkbox"/> 2.	a	b	c	<input type="checkbox"/>
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<input type="checkbox"/> 14.	a	b	c	d
<input type="checkbox"/> 15.	a	b	c	d
<input type="checkbox"/> 16.	a	b	c	d
<input type="checkbox"/> 17.	a	b	c	d
<input type="checkbox"/> 18.	a	b	c	d
<input type="checkbox"/> 19.	a	b	c	d

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