



ANSWER SHEET

SURNAME _____ AGE _____

FIRST NAME _____ GENDER MALE FEMALE DATE OF BIRTH

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 Synonyms					Section 2 Opposites					Section 3 Analogies					Section 4 Reasoning					
<input type="checkbox"/> i.	a	b	c	d	<input type="checkbox"/> i.	a	b	c	d	<input type="checkbox"/> i.	a	b	c	d	<input type="checkbox"/> i.	a	b	c	d	e
<input type="checkbox"/> ii.	a	b	c	d	<input type="checkbox"/> ii.	a	b	c	d	<input type="checkbox"/> ii.	a	b	c	d	<input type="checkbox"/> ii.	a	b	c	d	
<input type="checkbox"/> 1.	a	b	c	d	<input type="checkbox"/> 1.	a	b	c	d	<input type="checkbox"/> 1.	a	b	c	d	<input type="checkbox"/> 1.	a	b	c	d	e
<input type="checkbox"/> 2.	a	b	c	d	<input type="checkbox"/> 2.	a	b	c	d	<input type="checkbox"/> 2.	a	b	c	d	<input type="checkbox"/> 2.	a	b	c	d	e
<input type="checkbox"/> 3.	a	b	c	d	<input type="checkbox"/> 3.	a	b	c	d	<input type="checkbox"/> 3.	a	b	c	d	<input type="checkbox"/> 3.	a	b	c	d	e
<input type="checkbox"/> 4.	a	b	c	d	<input type="checkbox"/> 4.	a	b	c	d	<input type="checkbox"/> 4.	a	b	c	d	<input type="checkbox"/> 4.	a	b	c	d	e
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<input type="checkbox"/> 8.	a	b	c	d	<input type="checkbox"/> 8.	a	b	c	d	<input type="checkbox"/> 8.	a	b	c	d	<input type="checkbox"/> 8.	a	b	c	d	e
<input type="checkbox"/> 9.	a	b	c	d	<input type="checkbox"/> 9.	a	b	c	d	<input type="checkbox"/> 9.	a	b	c	d	<input type="checkbox"/> 9.	a	b	c	d	e
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<input type="checkbox"/> 11.	a	b	c	d	<input type="checkbox"/> 11.	a	b	c	d	<input type="checkbox"/> 11.	a	b	c	d	<input type="checkbox"/> 11.	a	b	c	d	e
<input type="checkbox"/> 12.	a	b	c	d	<input type="checkbox"/> 12.	a	b	c	d											

Section 5 Interpretation			
<input type="checkbox"/> i.	True	False	Cannot say
<input type="checkbox"/> 1.	True	False	Cannot say
<input type="checkbox"/> 2.	True	False	Cannot say
<input type="checkbox"/> 3.	True	False	Cannot say
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<input type="checkbox"/> 12.	True	False	Cannot say
<input type="checkbox"/> 13.	True	False	Cannot say
<input type="checkbox"/> 14.	True	False	Cannot say
<input type="checkbox"/> 15.	True	False	Cannot say
<input type="checkbox"/> 16.	True	False	Cannot say

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