

INQUIRY FOR CONNECTORISED CABLES

Date:	Name:	Company:
	Surname:	Address:
	Dept:	ZIP:
	e-mail:	City:
	Telephone:	Country:
	Fax:	

Standard connection	Customised connection
<i>(inserire il codice del costruttore, per es. Siemens 6FX.....)</i> <input type="checkbox"/> Connector code: <input type="checkbox"/> Part number list attached <input type="checkbox"/> Drawing and tech specifications attached <input type="checkbox"/> Other:	<i>See attachment</i> <input type="checkbox"/> Drawing <input type="checkbox"/> Bill of material <input type="checkbox"/> Samples <input type="checkbox"/> Other:.....

Application parameters	Shield	Alogen Free
<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Flexible use <input type="checkbox"/> Inside cable chain <input type="checkbox"/> Fixed laying <input type="checkbox"/> Minimum bending radius.....xØ	<input type="checkbox"/> No <input type="checkbox"/> Yes Tipo di schermo <input type="checkbox"/> Tinned copper braid <input type="checkbox"/> Bare copper braid <input type="checkbox"/> Wrapped copper <input type="checkbox"/> Copper tape <input type="checkbox"/> Aluminum tape	<input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> Autoestinguenza <input type="checkbox"/> IEC 60332.1 <input type="checkbox"/> IEC 60332.2 <input type="checkbox"/> IEC 60332.3

Temperature	Electrical parameters
<input type="checkbox"/> Temp.-...°C +...°C <input type="checkbox"/> Temp for short time....°C	<input type="checkbox"/> Nominal Voltage: <input type="checkbox"/> Testing Voltage: <input type="checkbox"/> Impedance: <input type="checkbox"/> Capacity:

Approval	Clearance
<input type="checkbox"/> VDE <input type="checkbox"/> UL/CSA <input type="checkbox"/> EAC <input type="checkbox"/> Other:.....	<input type="checkbox"/> Standard (As per sales terms) <input type="checkbox"/> Special:

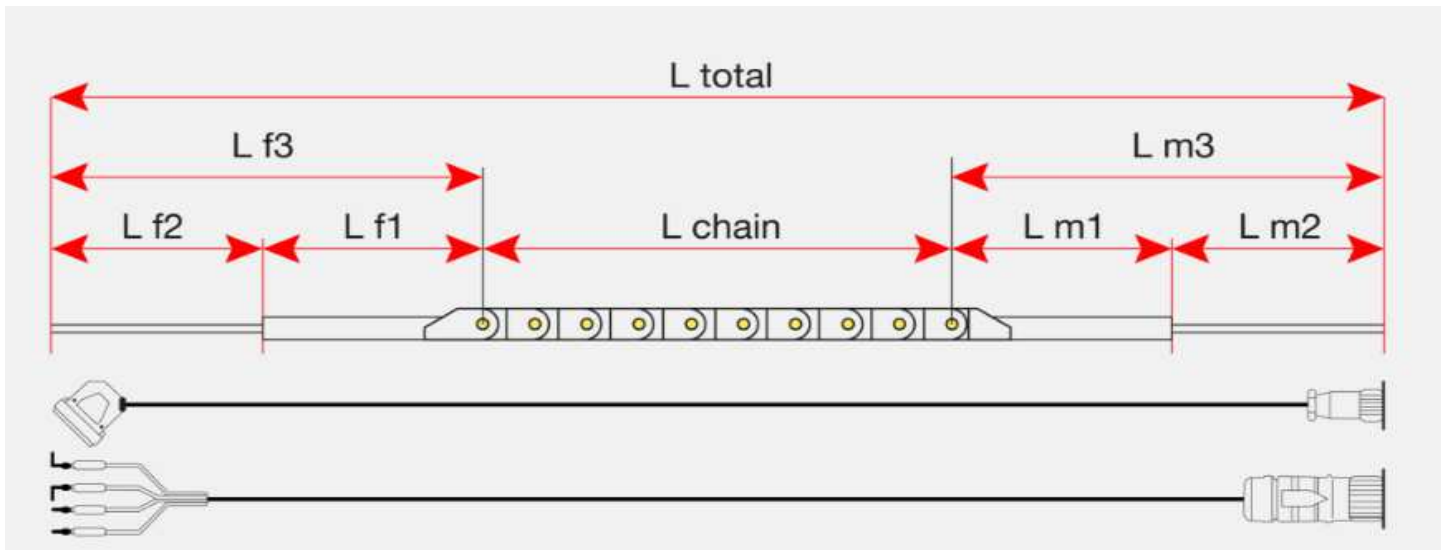
End side A
<input type="checkbox"/> CONNECTOR: <i>(Indicate the manufacturer and part n.. If not known pls indicatethe connector description: IP Grade, shielding, pin n.)</i> <input type="checkbox"/> OTHER: <i>(indicate the type of preparation eg unsheathing,ferrules)</i>

End side B
<input type="checkbox"/> CONNECTOR: <i>(Indicate the manufacturer and part n.. If not known pls indicatethe connector description: IP Grade, shielding, pin n.)</i> <input type="checkbox"/> OTHER: <i>(indicate the type of preparation eg unsheathing,ferrules)</i>

Other
<input type="checkbox"/> OTHER REQUESTS <i>(indicate conduit, connectors glands).</i> <input type="checkbox"/> ACCEPTANCE OF EQUIFALENT BRAND <i>(eg connectors, conduits with the same quality)</i>

Test <input type="checkbox"/> Standard <input type="checkbox"/> Special (Pls indicate) :
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ID	Cable part n.	Cable type (1)	Description	L tot [m]	SIDE A				SIDE B				Connection dwg	
					Lf3 [mm]		Label Side A	Connector	Lm3 [mm]		Label Side B	Connector		
					Lf1 [mm]	Lf2 [mm]			Lm1 [mm]	Lm2 [mm]				

(1) P= Power S= Signal