REJ19B1021-0100

Rev.1.00							F	ROM number				
	SINGLE	RENESAS TE -CHIP 16-BIT R5F21331D ROGRAMMIN	MICF	ROCC FP	OMP	-		м		Receipt	Date: Section mgr signature	PIC signature
								No	ـــ ote: Ple	ease f	fill in all iten	ns marked *.
* Applicant	Company Name	TEL ( )							-	cant signature	Subn	nitted by
	Date issued	Date:	Year / Mon	th / Date						Applicant sign		
<ul> <li>* 1. Mask file         Please kindly verify and confirm the mask file in the submitted floppy disk prior to submission.         The submitted floppy disk must be 3.5-inch 2HD type and DOS/V format. And the number of the mask file must be 1 mask file per one floppy disk.     </li> </ul>												
Part Number												
File C	Code		(hexadecimal n								otation)	
Mask file name .MSK (no more than 8 cha									aracters)			
□ <b>*</b> 3. ROI	e mask op <u>Address :</u> M data wh	otion in the mask f <u>10h</u> ich must be set by n function select r	user	<u>Data :</u>	<u>01h</u>			de area	s to be	e set	for approp	priate
	as ROM OFS regis		_					_		_		
		OFS2	regist	er			ID c	ode a	areas			
C A UTION:         Note 1: ROM data confirmation request         ROM programming will be processed based on the mask file generated by the mask file generating utility. Only in case when ROM data programmed in the actual mass produced product differs from that of above mentioned mask file, RENESAS takes the responsibility. There is no Engineering Sample, thus please confirm the ROM data at the receipt of the Initial product delivery.         Should you find any problem, please return immediately. 2 weeks without technical error feedback towards RENESAS will automatically be regarded as acceptance of products.         Note 2: Mark specification         Please refer to Fig. 1 about mark specification.         Image: Reference refer												

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