-0100 v.1.00	ROM r	number	
RENESAS ELECTRONICS		Date:	
SINGLE-CHIP 16-BIT MICROCOMPUTER	+	Section mgr signature	PIC signature

## R5F21321DDXXXSP ROM PROGRAMMING CONFIRMATION FORM

	Date:	
pt.	Section mgr signature	PIC signature
Receipt		

			Note: Please fill in all items marked													
*		Company							Т	EL			nre	;	Submitted	by
	Applicant	Name							(		)		cant signature			
	/ tppilodi it	Date			Yea	ar / Mon	th / Date						Applicant sign			
		issued	Date:										Ā			
	★ 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.															
	Part I	Number	☐ R	SF21	321DI	OXXX	SP									
	File C	Code									(hexadecimal notation)					
	Mask	file name									.MSK (no more than 8 chai			3 charac	cters)	
<ul> <li>★ 2. Mask option         Set the mask option in the mask file generating utility as follows:</li></ul>																
	Checl	M data whick the option as ROM o	n functio				(OFS	, OFS	62) an	d ID (	code areas	s to b	e set	for app	oropriate	е
		OFS regis	ter				OFS2	regis	ter			ID c	ode a	areas		
C A U T I O N:  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.  31DDyyy XXXX Fig. 1																