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ROM number

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	RENESAS ELECTRONICS														Date:	
SINGLE-CHIP 16-BIT MICROCOMPUTER												bt	Section mgr signature	PIC signature		
	R5F21324MDXXXSP													Receipt		
	ROM PROGRAMMING CONFIRMATION FORM													<u>r</u>		
	-											-				
				TEL											fill in all items marked *	
_	Applicant	Company Name							,	, LL				signature	Gubii	
*				( ) Year / Month / Date Date:									ican:	Applicant sign		
		Date issued	Date:										Appl			
	Pleas	1. Mask file Please kindly verify and confirm the mask file in the submitted CD-R prior to submission. Please submit mask files on CD-R. And the number of the mask file must be 1 mask file per one CD-R.														
	Part I	Part Number														
	File Code   Mask file name					(hexadec							imal notation)			
											MSK	(no m	nore	than 8 ch	aracters)	
	★ 2. Mas Set th	sk option ie mask op	otion in t	he ma	sk file	e aene	rating	utilitv	<sup>,</sup> as fo	llows:	·					
	Address : 10h					Data : 01h										
	Checl values	M data wh k the optio as ROM OFS regis	n functio data.				OFS			nd ID o	code	areas	to be ID co		for approp areas	riate
	Note Note	<b>CAUTION:</b> Note 1: ROM order of this product programs the Data Flash area.       Note 2: 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 3: Mark specification       Way: ROM number														
		Please refer to Fig. 1 about mark specification.									: Lot num					