REJ19B0985-0100

J19B0985-0100 Rev.1.00											R	ROM number							
	S	SINGLE	-		BIT	MICF	ROC		PUTE	ER				Receipt	Date: Section mgr signature		PIC signature		
	F	ROM PF	ROGR		IING	CO	NFIF	RMA	ΤΙΟΝ	N FO	RN	Λ							
*	Applicant	Company Name			Ye	ar / Mon	th / Date		(TEL)		Nc		Applicant signature			s marked *		
		Date issued	Date:		10		ur, Duit							Appi					
★ 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		R5F21	334D	NXXX	FP	-	T	Т	-								
	File C	Code										(hexad	decim	imal notation)					
	Mask file name]	.MSK	SK (no more than 8 characters)							
	★ 2. Mas Set th	sk option e mask o	ption in	the ma	ask file	e gene	erating	utility	v as fo	llows:									
		Address :	<u>10h</u>				<u>Data</u>	<u>: 01h</u>											
	Checl values	M data wh < the optic as ROM OFS regis	on funct data.				GOFS			nd ID c	ode	e areas			for approace	opi	iate		
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.																			
		2 : Mark s Please re			oout m	ark sp	pecific	ation.		4	5F21 IDNy XX	ууу XX			DM numt Lot num				

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