REJ19B1028-0100 Rev.1.00

RENESAS TECHNOLOGY SINGLE-CHIP 16-BIT MICROCOMPUTER R5F21356DDXXXFP

ROM PROGRAMMING CONFIRMATION FORM

ROM number									
	Date:								
pt	Section mgr signature	PIC signature							
Receipt									

		Note: Please fill in all items marked												
		Company		TEL						ture	Submitted by			
*	Applicant	Name		TEL () Signature Signature ()										
		Date			Ye	ar / Mon	th / Date	1					Applicant sign	
		issued	Date:										Ą	
	 ★ 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 Number													
	i aiti	Varriber		(01 2 1				_			_			
	File Code										(hexadecimal notation)			
Mask file name											.MS	SK (no	o more	than 8 characters)
 ★ 2. Mask option Set the mask option in the mask file generating utility as follows: ☐ Address: 10h ☐ Data: 01h ★ 3. ROM data which must be set by user Check the option function select registers (OFS, OFS2) and ID code areas to be set for appropriate values as ROM data. 														
☐ OFS register						☐ OFS2 register ☐ ID					O code areas			
CAUTION: 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. XXXXXXXXX R5F21356DD yyyFP														

Fig. 1