## RENESAS ELECTRONICS SINGLE-CHIP 16-BIT MICROCOMPUTER R5F213G4CNXXXNP

## **ROM PROGRAMMING CONFIRMATION FORM**

ROM r	number				
	Date:				
bt	Section mgr signature	PIC signature			
Receipt					

		Note: Please fill in all items mark												ems marked	
*	Applicant	Company Name							Т	EL			inre	Sı	ubmitted by
			( )								cant signature				
		Date issued	Date:		Yea	ar / Mon	th / Date	!					Applicant sign		
	★ 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  R5F213G4CNXXXNP													
File Code										(hexadecimal notation)					
Mask file name										.м	SK (n	o more	than 8	characters)	
	* 3. ROI Check values	e mask op Address:  M data wh the option as ROM	10h ich must n functio data.	: be se	t by u	ser	Data	: <u>01h</u>	62) an						opriate
		OFS regis	ter				OFS2	? regis	ter			∐ ID	code	areas	
C A U T I O N:  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 Please refer to Fig. 1 about				out ma	mark specification.					CNy: XX		yyy : ROM number XXXX : Lot number			

Fig. 1