

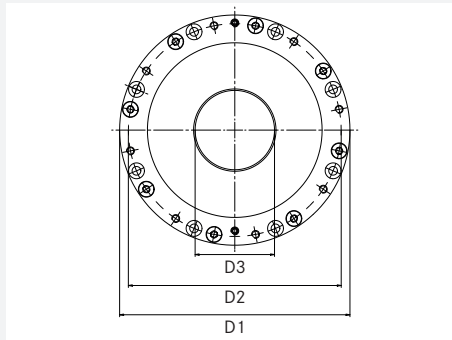
Customer number _____
(if customer)

Please return to:
info@hema-group.com

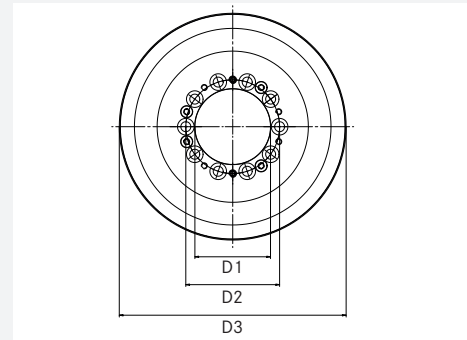
Contact

Company: _____
 Address: _____
 Postcode, City, Country: _____
 Contact: _____
 Phone: _____
 E-Mail: _____

Type



- RotoClamp Inside**
- Standard (opening with air)
- XS S N L Y
- Type designation _____
(according to catalog)
- Active (closing with air)
- XSA SA NA LA YA
- Type designation _____
(according to catalog)



- RotoClamp Outside**
- Standard (opening with air)
- XS S N L
- Type designation _____
(according to catalog)
- Active (closing with air)
- XSA SA NA LA
- Type designation _____
(according to catalog)

Connection pressure

Operating pressure

- 4 bar with Booster without Booster
- 6 bar with Booster without Booster

Holding force Cycles

Clamping torque _____ Nm

Clamping cycles _____ pro _____

Dimensions

(if different from standard)

Outer diameter D3 _____ mm

Inner diameter D1 _____ mm

Fixing diameter D2 _____ mm

Overall height _____ mm

Mounting

Standard drilling pattern

yes no (please attach separate drawing »drilling pattern«)

Options

Shaft flange (optional)

Quantity

_____ Piece(s)

Other

