

REQUEST FORM



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Fax: +49(0)6182 773-35

Company name: _____

Address: _____

Country/Zip/Location: _____

Contact: _____

Area/Department: _____

Telephone: _____

DID: _____

Fax: _____

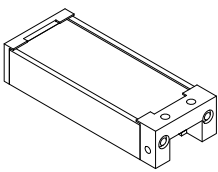
Direct: _____

E-Mail: _____

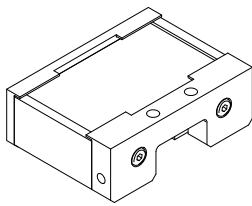
Website: _____

LinClamp and MClamp systems can be adjusted for various applications. The following criteria decide on the configuration of the system. Please enter the information as completely and detailed as possible.

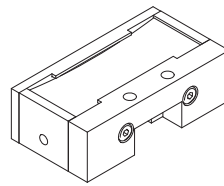
Model (please check):



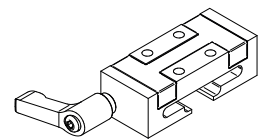
LinClamp S



LinClamp SK



LinClamp SA



MClamp

Type designation according to the table: _____

Exact designation of linear guidance: _____

Holding force: _____ N Air pressure: _____ bar

Manufacturer: _____

System should clamp with air

Type/Size: _____

System should open with air

Carriage type high/low: _____

Horizontal operation

Required quantity: _____

Vertical operation

Date of delivery: _____

Vertical operation (with free fall)

Use as:

brake system

Please call back

emergency brake

Please visit

mechanical fall arrester

clamping system

process terminal

Clamping cycles _____ per _____

Surface operating conditions:

dry

oiled

greased

Exact designation of the oil/grease: _____

Other: _____