

REQUEST FORM



E-Mail: info@hema-group.com
Fax: +49(0)6182 773-35

Company name: _____

Address: _____

Country/Zip/Location: _____

Contact: _____

Area/Department: _____

Telephone: _____

DID: _____

Fax: _____

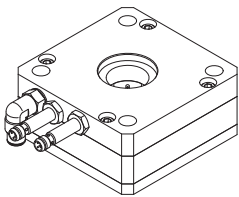
Direct: _____

E-Mail: _____

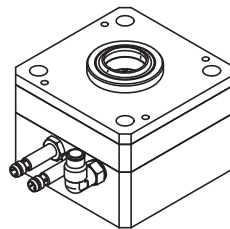
Website: _____

PClAMP systems are suited to for various applications. The following criteria decide on the configuration of the system. Please enter the information as completely and detailed as possible.

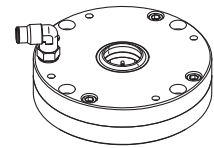
Model (please check):



PClamp N



PClamp ISO



PClamp E

Type designation according to the table: _____

Surface operating conditions:

Required holding force: _____ N

dry

oiled

greased

Required holding torque: _____ Nm

Exact designation of the oil/grease: _____

System can only open with air:

4 Bar compressed air

6 Bar compressed air

Horizontal operation

Vertical operation

Vertical operation (with free fall)

Piston diameter: _____ mm

Required quantity: _____

Date of delivery: _____

Please call back

Please visit

Use as:

brake system

clamping system

translatory

rotary

Other: _____

Clamping cycles: _____ for each _____