

ROTOCLAMP / DISKCLAMP

REQUEST FORM



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

Company name: _____

Address: _____ Country/Zip/Location: _____

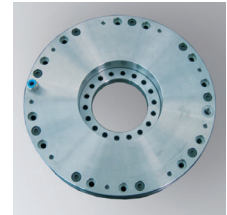
Contact: _____ Area/Department: _____

Telephone: _____ DID: _____ Fax: _____ Direct: _____

E-Mail: _____ Website: _____

RotoClamp 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):



- RotoClamp Outside (A = Active)
- XS S N XL
- XSA SA NA XLA

- RotoClamp Inside (A = Aktiv)
- XS S N L Y
- XSA SA NA LA YA

- DiskClamp

Type designation according to the table: _____

Standard bore according to drawing: _____

Clamping cycles: _____ per _____

Yes No

special requirement: _____

In case of deviation, please enclose the drawing for the application or mail to info@hema-group.com.

Clamping torque: _____ Nm

Optional shaft flange: _____

Planned connection pressure: _____

Required quantity: _____

- 4 bar 6 bar

Date of delivery: _____

Dimensions

Please call back Please visit

Outer diameter D3: _____ mm

Other: _____

Inside diameter D1: _____ mm

Fixing diameter D2: _____ mm

Overall height: _____ mm