



Technilamp

**Please complete the necessary information and fax back to  
our sales department on +27 (0) 11 839 1875**

From: .....

Company: .....

Name: .....

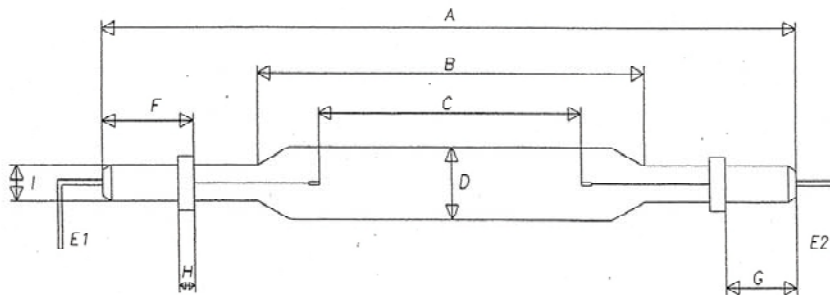
Address: .....

.....  
.....

Contact Person: .....

Tel: ..... Fax: .....

Email: .....



UV System manufactured by: .....

Lamp reference number: .....

A. Total Length: ..... mm

F. .... mm

B. Shoulder Length: ..... mm

G. .... mm

C. Arc Length: ..... mm

H.  $\emptyset$  ..... mm

D. Diameter:  $\emptyset$  ..... mm

I.  $\emptyset$  ..... mm

E. Lead Length: E1.....mm E2.....mm

Socket : (Metal/Ceramic)

Electrical data of the UV-Lamp

Additional Information

Lamp Voltage: ..... V

.....

Lamp Current: ..... A

.....

Lamp Power: ..... W/cm

.....

*The information that you supply will help us to accurately identify the exact lamp required for your system.*

*Tel: +27 (0) 11 839 1837 Fax: +27 (0) 11 839 1875*