

ROM number	
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**RENESAS ELECTRONICS  
SINGLE-CHIP 16-BIT MICROCOMPUTER  
R5F21193DXXXSP  
ROM PROGRAMMING CONFIRMATION FORM**

Receipt	Date:	
	Section mgr signature	PIC signature

Note: Please fill in all items marked \*.

* Applicant	Company Name	TEL	Applicant signature	Submitted by
	Date issued	Year / Month / Date		

**\* Mask file**

Please kindly verify and confirm the mask file in the submitted CD-R prior to submission.  
Please submit mask files on CD-R. And the number of the mask file must be 1 mask file per one CD-R.

File Code 

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 (hexadecimal notation)

Mask file name 

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 .MSK (no more than 8 characters)

**CAUTION:**

Note 1 : ROM order of this product programs the Data Flash area.

Note 2 : ROM data confirmation request

ROM programming will be processed based on the mask file generated by the mask file generating utility. Only in case when ROM data programmed in the actual mass produced product differs from that of above mentioned mask file, RENESAS takes the responsibility. There is no Engineering Sample, thus please confirm the ROM data at the receipt of the Initial product delivery.

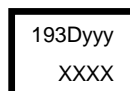
Should you find any problem, please return immediately. 2 weeks without technical error feedback towards RENESAS will automatically be regarded as acceptance of products.

Note 3 : Mask Option

A fixed mask option data (01<sub>16</sub>) must be written to the option data address (10<sub>16</sub>) .

Note 4 : Mark specification

Please refer to Figs. 1 about mark specification.



yyy : ROM number  
XXXX or XXXXXXXX : Lot number

Fig. 1 Mark specification