

Date: ...../...../20.....

### CUSTOMER, COMPANY AND CONTACT DETAILS

Please Fill in **ALL** fields and send to [ender@yenerkalip.com](mailto:ender@yenerkalip.com)

Quote /Order No:  Contact/Agent

Customer/Company  Machine Model No

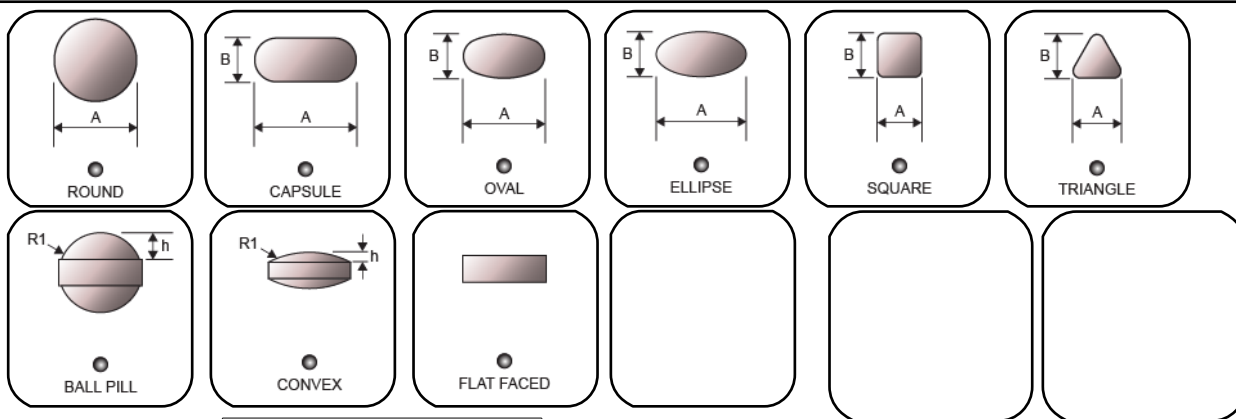
Site Location

### Tooling Details

Punch type B  D  Other

Die type (O/D) B  D  Other Die type (please specify)

Tolerance / Standard EURO  TSM/Tabtool



Tablet Shape-Other:

Dimension A(mm):

Dimension B(mm):

Tablet Profile-Other:

Radius(mm):

### Lower Punch

Quantity required

Seal groove No  Yes

Keyway required No  Yes

No. of keyways required

Inspection/Validation report: No  Yes

**Lower Punch Detail:** Embossed: No  Yes

Plain: No  Yes  , Breakline: No  Yes

### Upper Punch

Quantity required

Seal groove No  Yes

Keyway required No  Yes

No. of keyways required

Inspection/Validation report: No  Yes

**Upper Punch Detail:** Embossed: No  Yes

Plain: No  Yes  , Breakline: No  Yes

### Is the product

Normal: No  Yes  Abrasive: No  Yes  Sticky: No  Yes  Corrosive: No  Yes

If a coating is required, please specify the type

### Dies

Quantity required

Fitting Tool required No  Yes

Taper No  Yes

If yes, one end  both ends

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