

SUPPLIER DECLARATION OF CONFORMITY (SDoC)

In accordance with ISO/IEC 17050-1:2004

SDoC Identification Number¹:

Issuer details

Name ² (of New Zealand manufacturer or importer): <input type="text" value="FIRSTFLEX CABLES"/>	Contact Address: <input type="text" value="1 Toiawaka Road,
Drury,
Auckland 2579."/>
Telephone: <input type="text" value="+ 64 9 264 1000"/>	
New Zealand Company No. (if applicable): <input type="text" value="1939480"/>	
Email Address: <input type="text" value="dean@firstflex.co.nz"/>	

Medium Risk Article – Details³ (Product name, type, rating, brand, model, batch numbers, and serial numbers, as applicable):

MLG2 SERIES

The Medium Risk Article listed above, fully complies:

With cited standard(s), as listed ⁴ :		
Standard number and issue year: <input type="text" value="AS/NZS5000.1:2005"/>	Standard number and issue year: <input type="text" value="EN50525-2-21"/>	
Edition / Amendment status: <input type="text" value="-"/>	Edition / Amendment status: <input type="text"/>	
Standard title: <input type="text" value="Electric cables-polmeric insulated-for up to and including 0.6/1kv"/>	Standard title: <input type="text" value="Electric cables. Low voltage energy cables of rated voltages up to and including 0.6/1kV. Cables for general applications. Flexible cables with crosslinked elastomeric insulation"/>	
AS/NZS ZZ modified Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	AS/NZS ZZ modified Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
OR Complies with the Conformity Cooperation Agreement (CCA) ⁵ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
OR is registered on the EESS database & the declarer is registered as the responsible/affiliated supplier ⁶ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> EESS Equipment # <input type="text"/>		


Names and addresses of any Evaluating/Testing/Certification organization or body used

Name(s): <input type="text" value="FIRSTFLEX CABLES"/>	Address(es): <input type="text" value="1 Toiawaka Road,
Drury,
Auckland 2579."/>
Name(s): <input type="text"/>	Address(es): <input type="text"/>

Reference to relevant test reports/certification and the issue date that show how compliance is achieved

Supporting document(s) used, to show how compliance with the declared standard(s) is achieved or CCA certification:	Report Certification or Document reference N°(s):	Issue dates(s):
<input type="text" value="MLG2 SERIES Qualification Test report
MLG2 SERIES Qualification Test report"/>	<input type="text" value="HC6390ASNZS5000.1
HC6390HO7RN-F"/>	<input type="text" value="23/01/2017
23/01/2017"/>
Reference to any management quality system involved: <input type="text"/>		
Additional information ⁷ : <input type="text"/>		

Declaration (signed for and on behalf of): -

Name and position as authorized by the issuer ⁸ : <input type="text" value="Dean Lipscombe, Product Manager"/>	Signature <input type="text" value="Dean Lipscombe"/>
Issuer Identification (as affixed to the article): 	Date: <input type="text" value="30<sup>th</sup> August 2024"/>