

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):

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/NZS4026-2008"/>	Standard number and issue year: <input type="text" value="AS/NZS5001-2005"/>
Edition / Amendment status: <input type="text"/>	Edition / Amendment status: <input type="text"/>
Standard title: <input type="text" value="Electric cables – For underground residential distribution systems"/>	Standard title: <input type="text" value="Electric cables – Polymeric insulated
Part 1: For working voltages up to and including 0.6-1
(1.2) kV"/>
AS/NZS ZZ modified Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	AS/NZS ZZ modified Yes <input type="checkbox"/> No <input 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"/>	

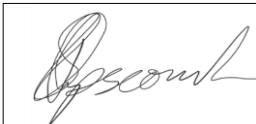

Names and addresses of any Evaluating/Testing/Certification organisation or body used

Name(s): <input type="text" value="ACT NZ Limited
Trading as Auckland Lab"/>	Address(es): <input type="text" value="1066E Great South Road,
Mount Wellington, Auckland 1060,
New Zealand"/>
Name(s): <input type="text" value="Firstflex"/>	Address(es): <input type="text" value="1 Toiawaka Road,
Drury,
Auckland 2579."/>

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: <input type="text" value="ACTE202307240"/>	Report Certification or Document reference N°(s): <input type="text" value="ACTE202307240"/>	Issue dates(s): <input type="text" value="17/08/2023"/>
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 authorised by the issuer ⁸ : <input type="text" value="Dean Lipscombe, Product Manager"/>	Signature: 
Issuer Identification (as affixed to the article): 	Date: <input type="text" value="07/09/2023"/>