

EU Declaration of Conformity (DoC)

We

Company name:

Postal address:

Postcode:

City:

Telephone number:

E-Mail address:

declare that the DoC is issued under our sole responsibility and belongs to the following product:

Equipment/Apparatus/Product:

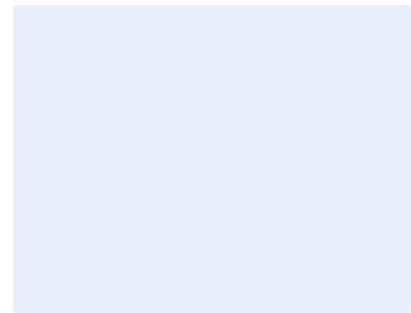
Type:

Batch:

Serial number:

Object of the declaration (identification of product allowing traceability; it may include a colour image of sufficient clarity where necessary for the identification of the apparatus):

Identification of the product



The object of the declaration described above is in conformity with the relevant Union harmonisation legislation:

<input type="text" value="e.g. Low Voltage Directive (LVD) 2014/35/EU"/>	<input type="text" value="e.g. Ecodesign Directive 2009/125/EC and"/>
<input type="text" value="e. g. EMC Directive 2014/30/EU"/>	<input type="text" value="Commission Regulation (EU) No. xx/xx re. ecodesign"/>
<input type="text" value="e.g. RoHS Directive 2011/65/EU"/>	<input type="text" value="..."/>
<input type="text" value="..."/>	<input type="text" value="..."/>

The following harmonised standards and technical specifications have been applied:

Title, Date of standard/specification:

<input type="text" value="e.g. EN 60335-2-7:2010 + A1:2013 + A11:2013"/>	<input type="text" value="..."/>
<input type="text" value="e.g. EN 55014:2006 + A1:2009 + A2:2011"/>	<input type="text" value="..."/>
<input type="text" value="e.g. EN 50581:2012"/>	<input type="text" value="..."/>
<input type="text" value="(Fill in other applicable standards and specifications)"/>	<input type="text" value="..."/>
<input type="text" value="..."/>	<input type="text" value="..."/>
<input type="text" value="..."/>	<input type="text" value="..."/>

Notified body (where applicable):

<input type="text" value="Name of notified body"/>	4 digit notified body number: <input type="text" value="1234"/>
<input type="text" value="Reference number of the certificate of notified body"/>	

Additional information:

Signed for and on behalf of:

<input type="text" value="Place of issue"/>	<input type="text" value="Date of issue"/>	<input type="text" value="Name, function, signature"/>
Place of issue	Date of issue	Name, function, signature