

## DEMAND / ORDER FORM

* Customer:		Date of issue:	
* Address:		* Required date of delivery:	
* Country:	* VAT:	Confirmed date of delivery:	
* Contact person:	* Tel:	* E-mail:	

Current instrument transformer		* Type:	* Un:	* Pieces:
Standard:	Test report: <input type="checkbox"/>	* Voltage levels (kV):		
Ith (kA/1s):	Idyn:	* Insulation level (kV):		
Ith (kA/3s):	Frequency (Hz):	* BIL(kV):		
Capacity divider: <input type="checkbox"/> Tropical: <input type="checkbox"/> Ext.120% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/>		* Reconnectable primary: <input type="checkbox"/> secondary: <input type="checkbox"/>		

Technical details:						
	* Primary current (A)	* Secondary current (A)	* Burden (VA)	* Accuracy	* (FS/ALF)	* Verification
Coil No.1						<input type="checkbox"/>
Coil No.2						<input type="checkbox"/>
Coil No.3						<input type="checkbox"/>
Coil No.4						<input type="checkbox"/>
Coil No.5						<input type="checkbox"/>
Coil No.6						<input type="checkbox"/>

Remarks:

Voltage instrument transformer		* Type:	* Un:	* Pieces:
Standard:	Test report: <input type="checkbox"/>	* Voltage levels (kV):		
AFR: <input type="checkbox"/> Resistor: <input type="checkbox"/>	Maximal power (VA):	* Insulation level (kV):		
Fuse: <input type="checkbox"/> Extension: <input type="checkbox"/>	Frequency (Hz):	* BIL (kV):		

Technical details:					
	* Primary voltage	* Secondary voltage	* Burden (VA)	* Accuracy	* Verification:
Coil No.1					<input type="checkbox"/>
Coil No.2					<input type="checkbox"/>
Coil No.3					<input type="checkbox"/>

Remarks:

Signature of customer:	Signature of vendor:
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