

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):

Brand: ELECTREX.
Model: CARSUPADA.
Type: Caravan Supply Adaptor.
Rating: 240 V~, 50 Hz, 10 A (2400 W)

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/NZS3820:2009"/>	Standard number and issue year: <input type="text"/>	
Edition / Amendment status: <input type="text" value="+A1"/>	Edition / Amendment status: <input type="text"/>	
Standard title: <input type="text" value="Essential safety requirements for electrical equipment"/>	Standard title: <input type="text"/>	
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 checked="" type="checkbox"/> No <input 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="Spectrum Laboratories Limited."/>	Address(es): <input type="text" value="1/25 Highbrook Drive East Tamaki, New Zealand."/>
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 date(s):
<input type="text" value="Test Report (AS/NZS3190:2016, AS/NZS3100:2009+A1-4) Test Report (AS/NZS3820:2009+A1)"/>	<input type="text" value="6930
61418"/>	<input type="text" value="25/10/2016
26/10/2016"/>
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 
Issuer Identification (as affixed to the article): 	Date: <input type="text" value="29<sup>th</sup> August 2024"/>