

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 listed⁴:

Standard number and issue year: <input type="text" value="AS/NZS 5000.1:2005"/>	Standard number and issue year: <input type="text"/>
Edition / Amendment status: <input type="text"/>	Edition / Amendment status: <input type="text"/>
Standard title: <input type="text" value="Electrical cables-polymeric insulated – for up to and including 0.6/1kV"/>	Standard title: <input type="text"/>

AS/NZS ZZ modified Yes No N/A AS/NZS ZZ modified Yes No N/A

OR Complies with the Conformity Cooperation Agreement (CCA)⁵ Yes No

OR is registered on the EESS database & the declarer is registered as the responsible/affiliated supplier⁶ Yes No EESS Equipment # _____



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

Name(s): <input type="text" value="Jiangsu Product Quality Testing & Inspection Institute, Yixing Branch"/>	Address(es): <input type="text" value="No 5 Guanghua East Road, Nanjing"/>
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: <input type="text" value="CFXH Series"/>	Report Certification or Document reference N°(s): <input type="text" value="2023 GJYDX-XT00202E"/>	Issue date(s): <input type="text" value="6/7/2023"/>
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="29th August 2024"/>