

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="LUMAXTECHNOLOGY LTD"/>	Contact Address: <input type="text" value="158 Main South Rd
Sockburn
Christchurch"/>
Telephone: <input type="text" value="0212284529"/>	
New Zealand Company No. (if applicable): <input type="text"/>	
Email Address: <input type="text" value="info@lumaxtechnology.com"/>	

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="60598-2-2015"/>	Standard number and issue year: <input type="text" value="2015"/>
Edition / Amendment status: <input type="text"/>	Edition / Amendment status: <input type="text"/>
Standard title: <input type="text" value="Electrical Safety"/>	Standard title: <input type="text"/>
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 type="checkbox"/>	
OR is registered on the EECS database & the declarer is registered as the responsible/affiliated supplier⁶ Yes <input type="checkbox"/> No <input type="checkbox"/> EECS Equipment # <input type="text"/>	

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

Name(s): <input type="text" value="TUV Rheinland"/>	Address(es): <input type="text" value="Nurnburg
Germany"/>
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="Certificate DE2-032252"/>	Report Certification or Document reference N ^o (s): <input type="text"/>	Issue dates(s): <input type="text"/>
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="Dennis Grant"/>	Signature: <input type="text" value="Dennis Grant"/>
Issuer Identification (as affixed to the article): <input type="text" value="AFLD100 AFLD150AFLD200 AFLD300
SIRIUS 50/100/150/200/300"/>	Date: <input type="text" value="1/7/2022"/>