KUKA SYSTEMS GMBH

I n q u i r y

KS Tip Changer KTC

Fax: +49(0)821/797 - 1896 Date:

Company:*

Plant:

First name, last name:*

Department:

Telephone:*

Telefax:

e-mail:*

Please contact us ☐

Please send us a quotation ☐

Number of tip changers

Tip diameter

Shank clamp ☐ yes ☐ no

Favoured field bus-system ☐ Interbus ☐ Profibus ☐ others

Required number of magazine

(min. 1 piece for one tip changer)

Brief description of the application:

*** = mandatory fields**