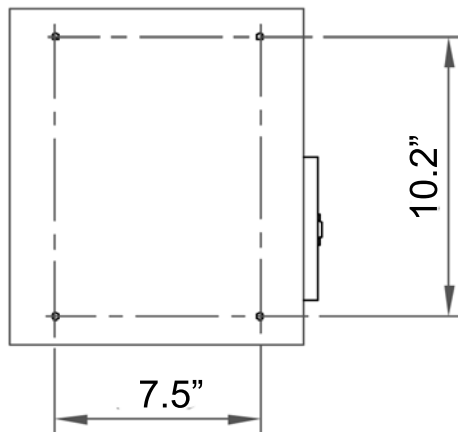
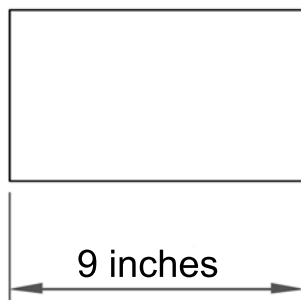
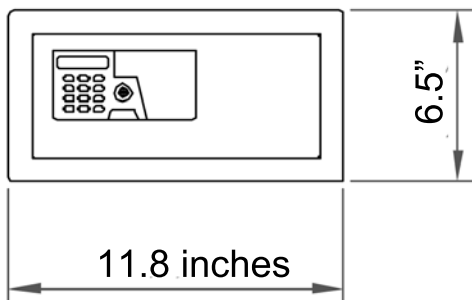
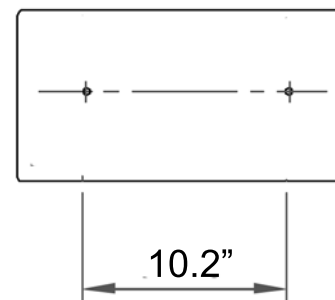


Bottom



Rear side



| | | | | | | |
|---|------------|---|---------|------------|-----------------------|--|
| Drawn | Checked | Title/Name, designation, position, department etc | | | Article No./Reference | |
| Designed by | Checked by | Approved by - date | Release | Date | Scale | |
|  | | | | Title/Name | | |
| | | | | Safe 10 | | |
| Drawing number | | | | Office | Sheet | |

| | | | | |
|-------|---------------|------|-----------|---------|
| RevNo | Revision note | Date | Signature | Checked |
|-------|---------------|------|-----------|---------|