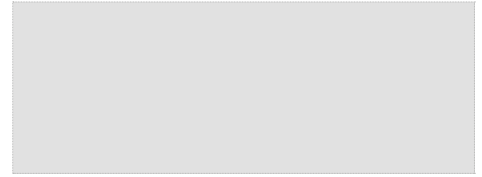


RICHIEDENTE
APPLICANT / CLIENT

.....
.....
.....



TIMBRO / CUSTOMER'S SEAL / TAMPON

MODELLO **TRIS ANGOLO : CO-ASCT**
MODEL / MODELE

ALTEZZA
HEIGHT / HAUTEUR

..... mm.



REVERSIBILE
REVERSIBLE / REVERSIBLE

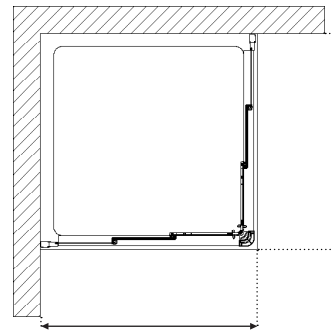
LASTRA
GLASS / VERRE

.....

COLORE
COLOUR / COULEUR

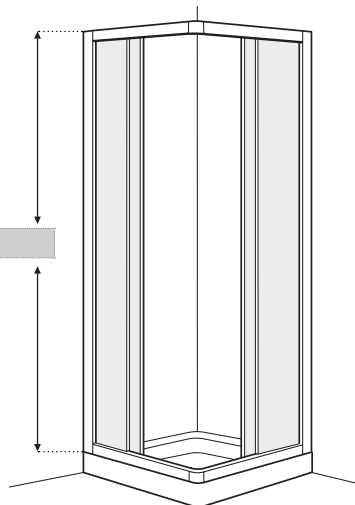
NOTE / NOTES / NOTES

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Max. 1300 mm.

Max. 1300 mm.



Max. 2100 mm.