

Part Name: <u>CVNS PPSD BKGN 08,5 CTN MR FRD</u>		Cust. Part Number: <u>63674NS</u>									
Shown on Drawing No.: <u>CV/CVNS PPSD SOFORD GENERIC</u>		Org. Part Number <u>63674;Generic: 62077</u>									
Engineering Change Level <u>B</u>	Dated <u>11/23/2023</u>										
Additional Engineering Changes <u>NA</u>	Dated <u>NA</u>										
Safety and/or Government Regulation ☐ Yes ☒ No	Purchase Order No. <u>NA</u>	Weight (kg) <u>14.4 G/MTR</u>									
Checking Aid No. <u>NA</u>	Checking Aid Engineering Change Level <u>NA</u>	Dated: <u>NA</u>									
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION									
DELFINGEN RO-TRANSILVANIA DUNS : 68-117-3071 Organization Name & Supplier/Vendor Code <u>Calea Aurel Vlaicu; Nr. 297/A</u> Street Address <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Arad</td> <td style="width: 25%; border: none;">Arad</td> <td style="width: 25%; border: none;">310375</td> <td style="width: 25%; border: none;">Romania</td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">Region</td> <td style="border: none;">Postal Code</td> <td style="border: none;">Country</td> </tr> </table>		Arad	Arad	310375	Romania	City	Region	Postal Code	Country	<u>Nursan</u> Customer Name/Division: <u>Buyer/Buyer Code</u> <u>Automotive</u> Application	
Arad	Arad	310375	Romania								
City	Region	Postal Code	Country								
MATERIALS REPORTING											
Has customer-required Substances of Concern information been reported?		☐ Yes ☐ No ☒ n/a									
Submitted by IMDS or other customer format:		<u>1281621044 / 2</u>									
Are polymeric parts identified with appropriate ISO marking codes?		☐ Yes ☐ No ☒ n/a									
REASON FOR SUBMISSION (Check at least one)											
☒ Initial Submission ☐ Engineering Change(s) ☐ Tooling: Transfer, Replacement, Refurbishment, or additional ☐ Correction of Discrepancy ☐ Tooling Inactive > than 1 year		☐ Change to Optional Construction or Material ☐ Supplier or Material Source Change ☐ Change in Part Processing ☐ Parts Produced at Additional Location ☐ Other - please specify below									
Requested Submission Level (Check One)											
☐ Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to the customer. ☐ Level 2 - Warrant with product samples and limited supporting data submitted to customer. ☒ Level 3 - Warrant with product samples and complete supporting data submitted to customer. ☐ Level 4 - Warrant and other requirements as defined by customer. ☐ Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.											
Submission Results											
The result for ☒ dimensional measurements ☒ material and functional tests ☐ appearance criteria ☐ statistical process package These results meet all design record requirements: ☒ Yes ☐ NO (If "NO" - Explanation required) Mold / Cavity / Production Process: <u>Extrusion</u>											
Declaration											
I affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition requirements. I further affirm that these samples were produced at the production rate of 1500 MTR/ 1 hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below.											
EXPLANATION/COMMENTS: THIS PPAP IS CONSIDERED APPROVED WITHOUT CUSTOMER FEEDBACK WITHIN 30 DAYS OF SUBMISSION											
Is each Customer Tool properly tagged and numbered?		☐ Yes ☐ No ☒ n/a									
Organization Authorized Signature <u>Faur</u>		Date <u>04.04.2025</u>									
Print Name <u>Faur Nicoleta</u>	Phone No. _____	FAX No. _____									
Title <u>Quality Engineer</u>	E-mail <u>quality-ro-ar@delfingen.com</u>										
FOR CUSTOMER USE ONLY (IF APPLICABLE)											
PPAP Warrant Disposition: ☐ Approved ☐ Rejected ☐ Other _____											
Customer Signature _____		Date _____									
Print Name _____		Customer Tracking Number (optional) _____									

