

Select One

☒ Phase 1 ☐ Phase 2 ☐ Phase 3 ☐ Interim (Non-PPAP)

PPAP Submission Warrant



PART INFORMATION

Customer Part Name HIDDEN ANTENNA 5G3 & 5G4 TO TCU LHD GSR Customer Part Number T2X6-18812-KYB
Shown on Drawing Number T2X6-18812-KYB Organization Part Number 10505738
Engineering Change Level OTSO E 14776330 000 / 20250507 / A / A Dated 07.05.2025
Additional Engineering Changes _____ Dated _____
Safety and/or Government Regulation ☐ Yes ☒ No Purchase Order Number 1500017070 Weight (kg) 0,0290
Checking Aid Number _____ Checking Aid Engineering Change Level _____ Dated _____

ORGANIZATION MANUFACTURING INFORMATION

MD Elektronik spol. s.r.o. / CZ - 360541445
Organization Name and Supplier/Vendor Code
Dobřanská 629
Street Address
Chotěšov 332 14 Czech Republic
City State/Region Postal code Country

CUSTOMER SUBMITTAL INFORMATION

Ford Otosan Romania SRL
Customer Name/Division
M. Cern Konuk
Buyer/Buyer Code
CRAIOVA ASSY PLT
Application

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? ☒ Yes ☐ No

Submitted by IMDS or other customer format
(If submitted by IMDS, enter Module ID no., version and date transmitted)

1427789278 / 1

Are polymeric parts identified with appropriate ISO marking codes?

☐ Yes ☐ No ☒ n/a

REASON FOR SUBMISSION (Check at least one)

- | | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Initial submission | <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional | <input type="checkbox"/> Supplier or Material Source Change |
| <input type="checkbox"/> Engineering Change(s) | <input type="checkbox"/> Tooling Inactive > than 1 year | <input type="checkbox"/> Change in Part Processing |
| <input type="checkbox"/> Correction of Discrepancy | <input type="checkbox"/> Change to Optional Construction or Material | <input type="checkbox"/> Parts produced at Additional Location |
| <input type="checkbox"/> Other - please specify _____ | | |

REQUESTED SUBMISSION LEVEL (Select one)

- ☒ Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to 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 supplier's manufacturing location.

SUBMISSION RESULTS

The results for ☒ dimensional measurements, ☒ material and functional tests ☐ appearance criteria ☒ statistical process packageThese results meet all design requirements ☒ Yes ☐ No (If "No" - Explanation Required) _____

Mold / Cavity / Production Process _____

DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of _____ / _____ hours using _____ production streams. I also certify that documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS * capacity of the production line of the product group.

Please also look at the attachment → there you will find all the associated SLAVE

Organization Authorized Signature _____ Print Name Iryna Houžvičková Date 2-Jul-25Title QM Phone 420 603 853 885 Fax _____ Email iryna.pokas@md-elektronik.czIs each Customer Tool properly tagged and numbered? ☐ Yes ☐ No ☒ n/a

Capacity Requirements

Source of the Program Approval requirements Other (specify in detail at right)Program Approval (<PA>) Requirements APW 788

If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met

Source of the revised requirements after <PA> Other (specify in detail at right)Revised requirements after <PA> APW 788

If the revised requirements after <PA> are not met, indicate date when the requirements will be met

Demonstrated Capacity (record in Ford Capacity System [GCP or MCPV] as Purchased Part Capacity)

Enter capacity commitment (PPC) based on Capacity Analysis Report "Predicted Good Parts per Week" and date of analysis APWC 788Detail / Date SOBAMPW 867Date 2-Jul-25Detail / Date SOBAMPW 867Date 2-Jul-25MPPC 867 Date 2-Jul-25

PPAP

Non-PPAP^{a/}

FOR FORD USE ONLY

Phased PPAP
Warrant Status☒ Approved ☐ Rejected ☐ Interim Accepted

STA Signature	<u>Attila Laczó</u>	Date	<u>Jul-30-2025</u>	Name	
P.D. Signature	<u>[Signature]</u>	Date	<u>30/07/2025</u>	Name	
				e-mail	

^{a/} Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is incomplete^{b/} P.D. signature for Priority suppliers on GPDS programs

Interim Status

(to be completed by the Organization)

Engineering Authorization _____
Alert or Alert ReportDescription: _____
(Incomplete PPAP Requirements)