

Part Name: <u>CV PPSD BKGN 17 CTN MR FRD</u>		Cust. Part Number: <u>1931956</u>	
Shown on Drawing No.: <u>CV/CVNS PPSD SOFORD GENERIC</u>		Org. Part Number <u>67168; Generic: 62067</u>	
Engineering Change Level <u>B</u>	Dated <u>23/11/2023</u>		
Additional Engineering Changes <u>NA</u>	Dated <u>NA</u>		
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purchase Order No. <u>NA</u>	Weight <u>27.5 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>Zona Industriala Str.I nr.5</u> Street Address <table style="width: 100%;"> <tr> <td><u>Arad</u></td> <td><u>Arad</u></td> <td><u>310502</u></td> <td><u>Romania</u></td> </tr> <tr> <td>City</td> <td>Region</td> <td>Postal Code</td> <td>Country</td> </tr> </table>	<u>Arad</u>	<u>Arad</u>	<u>310502</u>	<u>Romania</u>	City	Region	Postal Code	Country	<u>HEXA GmbH</u> Customer Name/Division: Buyer/Buyer Code <u>Automotive</u> Application
<u>Arad</u>	<u>Arad</u>	<u>310502</u>	<u>Romania</u>						
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: 774906915 / 3

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

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 1020 m/ 1 hour.
 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 _____ Date 26.04.2024
 Print Name MOISAALEXANDRU Phone No. 40760010502 FAX No. _____
 Title Quality Engineer E-mail quality-ro-ar@delfingen.com

FOR CUSTOMER USE ONLY (IF APPLICABLE)	
PPAP Warrant Disposition:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____
Customer Signature _____	Date _____
Print Name _____	Customer Tracking Number (optional) _____