



# Part Submission Warrant

Part Name MINI 50 SINGLE ROW RECEPTACLE SALES DRAWING Cust. Part Number DU5T-14489-CCA  
Shown on Drawing Number SD-34791-001 Org. Part Number 347910040  
Engineering Change Level L8 Dated 10/30/2023  
Additional Engineering Changes N/A Dated N/A  
Safety and/or Government Regulation ☐ Yes ☒ No Purchase Order No. N/A Weight (kg) 0.0008  
Checking Aid Number N/A Checking Aid Eng. Change Level N/A Dated N/A

## ORGANIZATION MANUFACTURING INFORMATION

Molex Interconnect (Chengdu) Co., Ltd. DUNS: 545270444  
Supplier Name & Supplier/Vendor Code  
No. 8-18 Keixin Road, Hi-Tech Zone West Park  
Street Address  
Chengdu Sichuan 611731 P.R. China  
City Region Postal Code Country

## CUSTOMER SUBMITTAL INFORMATION

Nursan Kablo Donanimlari San. ve Tic. A.S.  
Customer Name/Division  
N/A  
Buyer/Buyer Code  
N/A  
Application

## MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? ☒ Yes ☐ No  
Submitted by IMDS or other customer format: 176047516 / 11  
Are polymeric parts identified with appropriate ISO marking codes? ☐ Yes ☐ No ☒ n/a

## REASON FOR SUBMISSION (Check at least one)

- |                                                                                       |                                                                      |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Initial submission                                           | <input type="checkbox"/> Change to Optional Construction or Material |
| <input type="checkbox"/> Engineering Change(s)                                        | <input type="checkbox"/> Sub-Supplier or Material Source Change      |
| <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional | <input type="checkbox"/> Change in Part Processing                   |
| <input type="checkbox"/> Correction of Discrepancy                                    | <input type="checkbox"/> Parts produced at Additional Location       |
| <input type="checkbox"/> Tooling Inactive > than 1 year                               | <input checked="" type="checkbox"/> Other - please specify           |
|                                                                                       | <u>PCN516810-packaging method change</u>                             |

## REQUESTED SUBMISSION LEVEL (Check 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 organization's manufacturing location.

## SUBMISSION RESULTS

The results 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 L3479103/ Cav1-8/mass production line

## 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 12,960 / 8 hours. I also certify that documented evidence of such compliance is on file and available for your review.  
I have noted any deviation from this declaration below.

EXPLANATION/COMMENTS: \_\_\_\_\_

Is each Customer Tool properly tagged and numbered? ☐ Yes ☐ No ☒ n/a  
Organization Authorized Signature LinZeYing Date 6-Aug-2025  
Print Name LinZeYing Phone No. NA Fax No. N/A  
Title PPAP Coordinator E-mail ZeYing.Lin@molex.com

## FOR CUSTOMER USE ONLY (IF APPLICABLE)

PPAP Warrant Disposition: ☐ Approved ☐ Rejected ☐ Other \_\_\_\_\_  
Customer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Customer Tracking Number (optional) \_\_\_\_\_