

Phase and submission type <input type="radio"/> Phase 1 <input type="radio"/> Phase 2 <input checked="" type="radio"/> Phase 3 <input type="radio"/> Interim (Non-PPAP)		PPAP Submission Warrant	
PART INFORMATION			
Part Name <u>Agrafe supp B6,2x12,2</u>		Cust. Part Number <u>3031233810 / FU5T-14E044-LA</u>	
Shown on Drawing Number <u>30312338</u>		Organization Part Number <u>303 123 381 013</u>	
Engineering Change Level <u>D-</u>		Dated <u>22/12/2015</u>	
Additional Engineering Changes <u>n/a</u>		Dated <u>n/a</u>	
Safety and/or Government Regulation <input type="radio"/> Yes <input checked="" type="radio"/> No		Purchase Order No. <u>1500001381</u> Weight (kg) <u>0,0078</u>	
Checking Aid Number <u>n/a</u>		Checking Aid Engineering Change Level <u>n/a</u> Dated <u>n/a</u>	
ORGANIZATION MANUFACTURING INFORMATION		CUSTOMER SUBMITTAL INFORMATION	
<u>pb elektro vertriebs-gmbh</u>		<u>Nursan Elektrik Donanım A.Ş.</u>	
Organization Name and Supplier/Vendor Code		Customer Name/Division	
<u>Robert-Bosch-Strasse 16</u>		<u>Gulcin Akbas</u>	
Street Address		Buyer/Buyer Code	
<u>Groß-Umstadt</u>	<u>HE</u>	<u>64823</u>	<u>Germany</u>
City	Region	Postal code	Country
MATERIALS REPORTING		Application <u>Ford Transit</u>	
Has customer-required Substances of Concern information been reported? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Submitted by IMDS or other customer format: <u>IMDS</u>			
If submitted by IMDS, enter Module ID number, version and date transmitted <u>ID: 767346959</u>			
Are polymeric parts identified with appropriate ISO marking codes? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> n/a			
REASON FOR SUBMISSION (Check at least one)			
<input checked="" type="checkbox"/> Initial submission	<input type="checkbox"/> Change to Optional Construction or Material		
<input type="checkbox"/> Engineering Change(s)	<input type="checkbox"/> 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 below		
REQUESTED SUBMISSION LEVEL (Check one)			
<input checked="" type="radio"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.			
<input type="radio"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input type="radio"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer.			
<input type="radio"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="radio"/> Level 5 - Warrant with product samples and complete supporting data reviewed at supplier's manufacturing location.			
SUBMISSION RESULTS			
The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material and functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package			
These results meet all design requirements <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. (If "No" - Explanation Required).			
Mold / Cavity / Production Process(es) <u>1 / 32 / Plastic injection</u>			
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. I further affirm that these samples were produced at the production rate of <u>70800</u> / <u>8</u> 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 <u>pb report QE-18-1285 based on manufacturer's report by ITW</u>			
Basis for manufacturing are OEM / <u>manufacturer's spec.</u> only. Carry-over part. RoHS/ELV/REACH compliant.			
Organization Authorized Signature <u>b.o. [Signature]</u>		Print Name <u>Welpe, Monika</u> Date <u>19/09/2018</u>	
Title <u>QA Assistance</u>		Phone No. <u>0049 6078 7809 0</u> Fax: <u>0049 6078 74447</u>	
Is each Customer Tool properly tagged and numbered? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> n/a			
Email <u>info@pb-fastener.de</u>			
FOR OEM/CUSTOMER USE ONLY		Interim Status (to be completed by the Organization)	
PPAP		Non-PPAP	
Phased PPAP Warrant Status: <input type="radio"/> Approved <input type="radio"/> Rejected <input type="radio"/> Interim Accepted		Engineering Authorization <u>Alert, Temp. PCM, TPD Number</u>	
STA Signature	Name	Description: (Incomplete PPAP Requirements)	
Date	e-mail		
P.D. Signature ^{b/}	Name		
Date	e-mail		
<small>a/ Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is incomplete</small> <small>b/ P.D. signature for Priority suppliers on GPDS programs</small>			

April 2008

[Signature]

H. Tamer

The original copy of this document shall remain at the supplier's location while the part is active

A4 paper size format

Customer Tracking Number (optional) _____

12.11.2019