

Part Name <u>CVR WIR SHLD</u>		Cust. Part Number <u>H1BT-14A390-AHA</u>	
Shown on Drawing No. <u>H1BT-14A390-AHA</u>		Org. Part Number <u>7176-1976-30</u>	
Engineering Change Level <u>EE00 E 13271752 000</u>		Dated <u>04/11/2016</u>	
Additional Engineering Changes <u>N/A</u>		Dated <u>N/A</u>	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. <u>N/A</u> Weight (kg) <u>0,0070</u>	
Checking Aid No. <u>N/A</u> Checking Aid Engineering Change Level		Dated <u>N/A</u>	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<b>YAZAKI EUROPE LTD</b> <u>323047696</u>		<b>NURSAN</b>	
Organization Name & Supplier/Vendor Code		Buyer/Buyer Code	
<b>Robert Bosch Strasse., 43</b>		<b>FORD</b>	
Street Address			
<b>Cologne</b>	<b>NRW</b>	<b>D-50769</b>	<b>Germany</b>
City	Region	Postal Code	Country
<b>MATERIALS REPORTING</b>			
Has customer-required Substances of Concern information been reported?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a	
Submitted by IMDS or other customer format:		<b>IMDS</b>	
		<b>IMDS ID: 818655648 / 1</b>	
Are polymeric parts identified with appropriate ISO marking codes?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<input 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		
<b>Customer Request</b>			
<b>REQUESTED SUBMISSION LEVEL (Check one)</b>			
<input type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.			
<input checked="" type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer.			
<input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.			
<b>SUBMISSION RESULTS</b>			
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 drawing and specification requirements: <input checked="" type="checkbox"/> Yes		<input type="checkbox"/> NO (If "NO" - Explanation Required)	
Mold / Cavity / Production Process		<b>Series tool with 64 cavities</b>	
<b>DECLARATION</b>			
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 <b>9.146 / 8 hours</b> .			
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.			
<b>EXPLANATION/COMMENTS:</b>			
Is each Customer Tool properly tagged and numbered?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a	
Organization Authorized Signature <u>Graça Ferreira</u>		Date <u>21 March 2023</u>	
Print Name <u>Graça Ferreira</u>		Phone No. _____ FAX No. _____	
Title <u>QE</u>		E-mail <u>tdc@yazaki-europe.com</u>	
<b>FOR CUSTOMER USE ONLY (IF APPLICABLE)</b>			
PPAP Warrant Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____			
Customer Signature _____		Date _____	
Print Name _____		Customer Tracking No. (optional) _____	