



## Part Submission Warrant

Part Name <u>SLV ASY WIR CONN MLE</u>		Cust. Part Number <u>KU5T-14A624-FA</u>	
Shown on Drawing Number <u>KU5T-14A624-FA</u>		Org. Part Number <u>1601212101</u>	
Engineering Change Level <u>P</u>		Dated <u>18-Apr-2022</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>0,0216</u>
Checking Aid Number <u>N/A</u>	Checking Aid Eng. Change Level <u>N/A</u>	Dated <u>N/A</u>	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
Molex Interconnect (Chengdu) Co., Ltd. <u>DUNS: 545270444</u>		Nursan	
Supplier Name & Supplier/Vendor Code		Customer Name/Division	
No. 8-18 Kexin Road, Hi Tech Zone		<u>N/A</u>	
Street Address		Buyer/Buyer Code	
Chengdu City	Sichuan Province	611731	P.R. China
City	Region	Postal Code	Country
<b>MATERIALS REPORTING</b>		<b>Application</b>	
Has customer-required Substances of Concern information been reported? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>IMDS ID# 651257963</u>	
Submitted by IMDS or other customer format:			
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 checked="" 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 type="checkbox"/> Other - please specify	
<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 design record requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO (If "NO" - Explanation Required)			
Mold / Cavity / Production Process <u>assembly</u>			
<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 <u>21336</u> / <u>8</u> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a			
Organization Authorized Signature <u>Kevin Maechtlinger</u>		Date <u>16-Dec-2022</u>	
Print Name <u>Kevin Maechtlinger</u>	Phone No. <u>+49-7243-335-376</u>	Fax No. <u>N/A</u>	
Title <u>Quality Engineer</u>	E-mail <u>kevin.maechtlinger@molex.com</u>		
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) _____		