



# Part Submission Warrant

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| Part Name <u>MX150 GEN 2 RECEPTACLE</u><br><u>DUAL ROW SEALED ASSEMBLY MAT SEAL</u>  |  | Cust. Part Number <u>MU5T-14A464-ANA</u> |
| Shown on Drawing Number <u>SD-160008-0001</u>  |  | Org. Part Number <u>1601272006</u>       |
| Engineering Change Level <u>A8</u>   | Dated <u>1-Sep-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>0.0219</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>  |  |  |
| Molex Interconnect (Chengdu) Co., Ltd. DUNS: 545270444   |  |  |
| Supplier Name & Supplier/Vendor Code   |  |  |
| No. 8-18 Kexin Road, Hi Tech Zone  |  |  |
| Street Address   |  |  |
| Chengdu City   | Sichuan Province   | 611731 P.R. China                        |
| 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   |  |  |
| Submitted by IMDS or other customer format: <u>947637492 / 4</u>   |  |  |
| 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>Assy Process</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>22152</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>Xiang Li</u>  |  | Date <u>19-Sep-2025</u>                  |
| Print Name <u>Xiang, Li</u>  | Phone No. <u>N/A</u>   | Fax No. <u>N/A</u>                       |
| Title <u>PPAP Coordinator</u>  | E-mail <u>Li.Xiang@molex.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 Number (optional) _____                            |  |