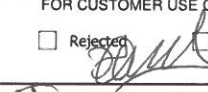


## Part Submission Warrant

Part Name <b>BOOT WIR CONN SLV</b>		Cust. Part Number <b>1C1T-14603-AA</b>	
Shown on Drawing No. <b>97BG-10C930-JA</b>		Org. Part Number <b>7158-3084-40</b>	
Engineering Change Level <b>G1 / AELE-E-11784007-286</b>		Dated <b>10-06-2014</b>	
Additional Engineering Changes <b>N/A</b>		Dated <b>N/A</b>	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. <b>N/A</b> Weight (kg) <b>0,0005</b>	
Checking Aid No. <b>N/A</b> Checking Aid Engineering Change Level		Dated <b>N/A</b>	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<b>YAZAKI EUROPE LTD</b> <b>323047696</b>		<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: 657368659</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	
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>Mold 2660 / 839 cavities / Transfer</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 87,500 / 8 hours.			
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 <b>Dorinda Santos</b>		Date <b>21 February 2018</b>	
Print Name <b>Dorinda Santos</b>		Phone No. <b>+ 351 256 246 908</b>	
Title <b>QE</b>		FAX No. <b>351 256 246 892</b>	
		E-mail <b>dorinda.santos@yazaki-europe.com</b>	
<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 <b>22.03.2018</b>	
Print Name <b>Husein Tahir</b>		Customer Tracking No. (optional)	