

Part Name: **RHD (AM / FM / DAB) IP CONNECTOR TO AHU** Cust. Part Number: **S2X6-18812-LCB**
 Drawing No. **S2X6-18812-LCB** Org. Part Number: **10519234**
 Engineering Change Level: **20251124 / OTSO E 14843496 000 / A** Dated: **24.11.2025**
 Additional Engineering Changes: _____ Dated: _____
 Safety and/or Government Regulation: Yes No Purchase Order No. _____ Weight Kg: **0,028**
 Checking Aid No. _____ Checking Aid Engineering Change Level: _____ Dated: _____

ORGANIZATION INFORMATION		
MD ELEKTRONIK GmbH / DE - 316353721		
Organization Name & Supplier/Vendor Code		
Neutraublinger Straße 4		
Address		
Waldkraiburg	84478	Germany
City	Postal Code	Country

CUSTOMER INFORMATION

Customer Name: **Nursan Otomotiv**

Division: _____

Buyer: _____ Buyer Code: **405259**

Application: _____

MANUFACTURING INFORMATION		
MD Elektronik spol. s.r.o. / CZ - 360541445		
Organization Name and code		
Dobřanská 629		
Address		
Chotěšov	332 14	Czech Republic
City	Postal Code	Country

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? Yes No
 IMDS N° : **1477722674 / 1**
 Are polymeric parts identified with appropriate ISO marking codes ? Yes No n/a

REASON FOR SUBMISSION:

- | | |
|--|--|
| <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"/> Part Produced at Additional Location |
| <input type="checkbox"/> Tooling Inactive > 1 year | <input type="checkbox"/> Other - Please specify below |

REQUESTED SUBMISSION LEVEL

- Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.
 Level 2 - Warrant with product samples and limited supporting data submitted to customer.
 Level 3 - Warrant with product samples and complete supporting data submitted to customer.
 Level 4 - Warrant and other requirements as defined by customer.
 Level 5 - Warrant with product samples and complete supporting data reviewed at supplier's manufacturing location.

SUBMISSION RESULTS

The results for Dimensional measurements Material and functional tests Appearance criteria Statistical process package
 These results meet all drawing and specification requirements: Yes No (If "NO" - Explanation Required)
 Mold/Cavity/Production Process: _____

DECLARATION:

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 **44400 / 8** hours*. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from the declaration below.

EXPLANATION/COMMENTS:

***capacity of the production line of the product group**
Slave to master MD 10519231_S2X6-18812-KCB, difference only in the cable length.

Is each Customer Tool properly tagged and numbered? Yes No n/a

Print Name: **Nad'a Kolbová** Email: **nada.kolbova@md-elektronik.cz** Telephone: **+420 377 198 446** Fax: _____
 Department: **QM** Organization Authorized Signature: **Kolbová**  Date: **10.02.2026**

FOR CUSTOMER USE ONLY (IF APPLICABLE):

PPAP Warrant Disposition: Approved Rejected Conditional Approval
 Name: _____ Signature: _____ Date: _____

Optional Customer's Control Number: _____