

Select One

Phase 1 Phase 2 Phase 3 Interim (Non-PPAP)

PPAP Submission Warrant



PART INFORMATION

Customer Part Name	<u>RHD (AM / FM / DAB) IP CONNECTOR TO AHU</u>	Customer Part Number	<u>S2X6-18812-LCB</u>
Shown on Drawing Number	<u>S2X6-18812-LCB</u>	Organization Part Number	<u>10519234</u>
Engineering Change Level	<u>OTSO E 14843496 000</u>	Dated	<u>24.11.2025</u>
Additional Engineering Changes		Dated	
Safety and/or Government Regulation	<input type="radio"/> Yes <input checked="" type="radio"/> No	Purchase Order Number	<u>N/A</u> Weight (kg) <u>0,0280</u>
Checking Aid Number		Checking Aid Engineering Change Level	<u>20251124</u> Dated

ORGANIZATION MANUFACTURING INFORMATION

MD Elektronik spol. s.r.o. / CZ - 360541445
 Organization Name and Supplier/Vendor Code

Dobřanská 629
 Street Address

Chotěšov 332 14 Czech Republic
 City State/Region Postal code Country

CUSTOMER SUBMITTAL INFORMATION

Ford Otosan Romania SRL
 Customer Name/Division

M. Cern Konuk
 Buyer/Buyer Code

CRAIOVA ASSY PLT
 Application

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? Yes No

Submitted by IMDS or other customer format

(If submitted by IMDS, enter Module ID no., version and date transmitted)

1477722674 / 1

Are polymeric parts identified with appropriate ISO marking codes? Yes No n/a

REASON FOR SUBMISSION (Check at least one)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Initial submission | <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional | <input type="checkbox"/> Supplier or Material Source Change |
| <input type="checkbox"/> Engineering Change(s) | <input type="checkbox"/> Tooling Inactive > than 1 year | <input type="checkbox"/> Change in Part Processing |
| <input type="checkbox"/> Correction of Discrepancy | <input type="checkbox"/> Change to Optional Construction or Material | <input type="checkbox"/> Parts produced at Additional Location |
| <input type="checkbox"/> Other - please specify _____ | | |

REQUESTED SUBMISSION LEVEL (Select one)

- 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 design 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 which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of _____ / _____ hours using _____ production streams. I also certify that documented evidence of such compliance is on file and is available for review.

I have noted any exceptions from this 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.

Organization Authorized Signature Nada Kolbova Print Name Nada Kolbova Date 10-Feb-26
 Title QM Phone +420 793 955 440 Fax _____ Email nada.kolbova@md-elektronik.cz

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

Capacity Requirements

Source of the Program Approval requirements	<u>Other (specify in detail at right)</u>	Detail / Date	<u>SOBA</u>
Program Approval (<PA>) Requirements	APW <u>277</u>	MPW	<u>314</u>
If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met		Date	_____
Source of the revised requirements after <PA>	<u>Other (specify in detail at right)</u>	Detail / Date	<u>SOBA</u>
Revised requirements after <PA>	APW <u>277</u>	MPW	<u>314</u>
If the revised requirements after <PA> are not met, indicate date when the requirements will be met		Date	_____
Demonstrated Capacity (record in Ford Capacity System [GCP or MCPV] as Purchased Part Capacity)			
Enter capacity commitment (PPC) based on Capacity Analysis Report "Predicted Good Parts per Week" and date of analysis	APPC <u>277</u>	MPPC	<u>314</u>
		Date	_____

PPAP		Non-PPAP^{a/}		FOR FORD USE ONLY	
Phased PPAP Warrant Status		<input checked="" type="radio"/> Approved	<input type="radio"/> Rejected	<input type="radio"/> Interim Accepted	
STA Signature		Date	Name	e-mail	
P.D. Signature /b		Date	Name	e-mail	

Interim Status (to be completed by the Organization)

Engineering Authorization _____
 Alert or Alert Report _____
 Description: _____
 (Incomplete PPAP Requirements) _____

a/ Non-PPAP indicates the part does not satisfy one or more PPAP requirements and is incomplete
 b/ P.D. signature for Priority suppliers on GPDS programs