

SECTION (A): TO BE FILLED BY INITIATOR

INITIATOR / REQUESTOR (NAME) : [1] _____ CONTACT NO: [2] _____ SUBMISSION DATE : [3] _____

INITIATOR'S e-mail address : [1] _____

*** STANDARD COMPONENT (EC) / OEM (OE) / MECHANICAL (ME) / PLASTIC (PL) / PCB (PC)**

TYPE OF REQUEST : [4] _____

SOURCE QUALIFICATION (SQ) : [] ENGINEERING CHANGE (EC) : [] COST SAVING (CS) : []

NEW TOOL QUALIFICATION (TQ) : [] MATERIAL CHANGE (MC) : []

TO BE FILLED BY INITIATOR (PLS. ATTACH AS PER PACKAGE INDICATED) [5]

| | |
|-------------------------------|-------------------------------|
| WINCOR NIXDORF PART NO. _____ | NO. OF SUBMISSION [*] _____ |
| COMPONENT DESCRIPTION _____ | REASON FOR EVALUATION _____ |
| MANUFACTURER / COUNTRY _____ | BUYER'S NAME _____ |
| MANUFACTURER PART NO. _____ | PROJECT NAME _____ |
| SUPPLIER/CONTACT PERSON _____ | COST / UNIT _____ |
| E-MAIL ADDRESS _____ | NO. OF CAVITY _____ |
| TELEPHONE NO. _____ | MATERIAL USED _____ |
| FAX NO. _____ | MATERIAL CODE _____ |

THIS PACKAGE SHOULD INCLUDES (PLS. " TICK " AS APPROPRIATE) : [6] ** refer to SPI-005-009

| | | |
|---|--|--|
| <input type="checkbox"/> CURRENT ARCHIVE DRAWINGS | <input type="checkbox"/> SAFETY / MATERIAL CERTIFICATION | <input type="checkbox"/> WN FAI REPORT |
| <input type="checkbox"/> SUPPLIER DRAWING / SPEC | <input type="checkbox"/> ROHS COMPLIANCE REPORT | <input type="checkbox"/> PL SHOT WT/PART WT: ____/____ |
| <input type="checkbox"/> SUPPLIER TEST REPORT | <input type="checkbox"/> **SAMPLES : (Std. Comp.=30pcs, DDR/SD RAM = 10 pcs & OEM=6pcs) | <input type="checkbox"/> PACKAGING PROCEDURE |
| <input type="checkbox"/> WN TEST REPORT | <input type="checkbox"/> SAMPLES : (Plastic=8shots & Metal=5pcs) | <input type="checkbox"/> PROCESS MANAGEMENT PLAN |
| <input type="checkbox"/> SUPPLIER CPK REPORT | <input type="checkbox"/> Multi-mate drawings for different lengths cable | No materials deviation is allowed. |

SECTION (B): TO BE FILLED BY SQE :

Type of test conducted : [8] _____

Accepted : [9] YES/ NO Report : YES / NO (Report No.) [9] _____ Conditional Approval YES / NO Qty. Accept _____

(Reason / Comments) : [9] _____

Packaging Standard :- _____

SQE: Name / Signature / Date [10] _____ Date In [10] _____ Date Out [10] _____

SECTION (C): TO BE FILLED BY MODULE ASSEMBLY SECTION: (MODULE ME, TE & QA)

Type of manufacturing capability test conducted : [11] _____

Accepted : [12] YES/ NO Report : YES / NO (Report No.) [12] _____ Conditional Approval YES / NO Qty. Accept _____

(Reason / Comments) : [12] _____

Date In [13] _____ Date Out [13] _____ Control Run No: [13] (if app.): _____

Mgf. Engr :Name / Signature / Date [14] _____ Test Engr :Name / Signature / Date [14] _____ QA Engr :Name / Signature / Date [14] _____

SECTION (D): TO BE FILLED BY SYSTEM ASSEMBLY SECTION: (SYSTEM ME, TE, QA)

Type of manufacturing capability test conducted : [15] _____

Accepted : [16] YES/ NO Report : YES / NO (Report No.) [16] _____ Conditional Approval YES / NO Qty. Accept _____

(Reason / Comments) : [16] _____

Date In [17] _____ Date Out [17] _____ Control Run No: [17] (if app.): _____

Mgf. Engr :Name / Signature / Date [18] _____ Test Engr :Name / Signature / Date [18] _____ QA Engr :Name / Signature / Date [18] _____

SECTION (E): TO BE FILLED BY SUSTAINING ENGINEERING /EMS

Type of test conducted : [19] _____

Accepted : [20] YES/ NO Report : YES / NO (Report No.) [20] _____ Conditional Approval YES / NO Qty. Accept _____

(Reason / Comments) : [20] _____

Comp. Engr :Name / Signature / Date [21] _____ Date In [21] _____ Date Out [21] _____

SECTION (F): TO BE FILLED BY IQA / EMS PROJECT:

Submit to Berlin QS on : [22] _____ (date) Accepted: [22] YES / NO*

Submit to EMS D/P Emgt Customer on : [22] _____ (date) Accepted: [22] YES / NO*