

PRODUCT & PROCESS CHANGE NOTIFICATION

PCN/SREA #:

PCN-20-001

PCN – Customer notification required

SUPPLIER REQUEST for ENGINEERING APPROVAL

PCN/SREA DATE:

04/17/2020

SREA – Customer approval required

Amphenol Fremont:			
Initiator name:	Edward Hwang	Date:	4/17/2020
Part(S)/Process Name:	NPA-201		

Customer Information:			
Customer:			Address:
Customer contact name:		e-mail	Phone# :

Information:							
Type of change:	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor					
Effect of change:	<input type="checkbox"/> Form	<input type="checkbox"/> Fit	<input type="checkbox"/> Function	<input type="checkbox"/> Reliability	<input checked="" type="checkbox"/> Other		
Explain if 'Other': Rebranding NPA-201 as NPB-101							

Process/Product Information:							
Reason for change:	<input type="checkbox"/> Design	<input type="checkbox"/> Processing	<input type="checkbox"/> Machine/Tooling	<input type="checkbox"/> Cost Reduction			
	<input type="checkbox"/> Part/Material	<input type="checkbox"/> Location	<input type="checkbox"/> Supplier Change	<input checked="" type="checkbox"/> Other			
Explain if 'Other':	Rebranding NPA-201 as NPB-101						
Description of change:	Rebranding NPA-201 as NPB-101						
Current Format:	N/A		Proposed Format:	N/A			
List of attached Document:	See the next page						
Proposed method to identify changed product: (Lot#, Effective Date, Shipment date, Part number via e-mail)	TBD						
Is piece cost affected? If yes, What is the cost effect:	NO		\$: \$0.00				
Will incorporation of change affect shipping schedule? If yes, please provide details:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Details:				
Fremont Quality engineer name: Edward Hwang							
Fremont Quality engineer signature: 							
Additional comments: No change in form, fit and function							
Approval to this document is required by: (Due date for a response from Customer)	TBD						
Please check the scenario applicable to this form:							
<input type="checkbox"/> This is a request for the proposed plan approval. Once approved by customer, tests will be conducted per the attached test plan and results will be presented to the customer for final approval <input type="checkbox"/> This is a request for approval of the change per the attached test results. If we do not hear back from customer before the due date given above, it is assumed that customer has approved the change <input checked="" type="checkbox"/> This is a notification of the change.							

Below information to be completed by customer.			
Approval or rejection	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>	Approval/Rejection date:
Customer representative name:	Customer representative signature:		
Additional comments:			

April 17, 2020

Dear Customer:

We are writing to inform you of our decision to rebrand NPA-201 as **NPB-101** starting from **Apr 17, 2020**.

This decision is to align with our new product naming system, ensuring we are continuing to provide you with the most competitive products and services in today's challenging environment. Please note that there will be no changes to the product in terms of form, fit and function, and we will be adding more products to the new product family "**NPB**" soon.

We appreciate your business and welcome you to our long list of satisfied and much valued customers.

Sincerely,

Jitendra Patil

Product Line Manager – NovaSensor