


Standardized Information for Process/Product Change Notification (PCN)

Form provided by ZVEI - Revision 3.0.0

1. PCN basic data		
1.1 Company		
1.2 PCN No.	PCN16030	
1.3 Title of PCN	Assembly Supplier change	
1.4 Product Category	Active Components - Discrete Components ▼	
1.5 Issue date	2017/01/09	
1.6 PCN revision history (optional)	1.7 Issue date of previous revision (optional)	1.8 Delta to previous revision (optional)

2. PCN Team		
2.1 Contact supplier		
2.1.1 Name	Sunnie Pan	
2.1.2 Phone	+886-2-8913-1588 Ext:2205	
2.1.3 Email	sunnie@mail.ts.com.tw	
2.2 Team supplier (optional)		
2.2.1 Name (optional)	2.2.2 Phone (optional)	2.2.3 Email (optional)
Danny	886-2-8913-1588 Ext.2133	danny_lin@mail.ts.com.tw

3. Changes			
No.	3.0 Ident	3.1 Category	3.2 Type of change
#1	SEM-PW-02	PROCESS - WAFER PRODUCTION	New wafer diameter
#2	SEM-PA-07	PROCESS - ASSEMBLY	Die attach material
#3	SEM-PA-18	PROCESS - ASSEMBLY	Move of all or part of assembly to a different location/site/subcontractor.
#4			
#5			

4. Description of change		
	Old	New
Change #1	Assembly Supplier A	Assembly Supplier B
Change #2	Wafer : 5"	Wafer : 6"
Change #3	Die attach material : Soft solder	Die attach material : .Epoxy
Change #4		
Change #5		
4.6 Anticipated impact on form, fit, function, reliability or processability?	Not impact the form, fit, function, reliability or processability	
4.7 Reference parts with customer number (optional)		

5. Reason / motivation for change	
5.1 Motivation	5" Wafer EOL & Change the subcon
5.2 Additional explanation (optional)	

6. Marking of parts / traceability of change	
6.1 Description	Use date code to control

7. Timing / schedule	
7.1 Date of qualification results	2016/11/24

Customer Feedback/Approval Form

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Title of PCN:			
Assembly Supplier change			
Customer PCN No.		Supplier PCN No.	PCN16030
Please check the appropriate box below:			

<input type="checkbox"/>	1. Feedback	date:	
<input type="checkbox"/>	We agree with this proposed change for the parts as listed in chapter "11. Affected parts". Approval letter will be sent in written form.		
<input type="checkbox"/>	We agree with this proposed change schedule and will start with the PCN process. Approval letter will be sent in written form after evaluation.		
<input type="checkbox"/>	We disapprove because:		
<input type="checkbox"/>	Remark:		

<input type="checkbox"/>	2. Feedback	date:	
<input type="checkbox"/>	We acknowledge qualification / validation as assigned in chapter 8 of the PCN.		
<input type="checkbox"/>	We need more information:		
<input type="checkbox"/>	We need the following samples:		
<input type="checkbox"/>	Estimated closing date for PCN:		

<input type="checkbox"/>	Final Feedback/Approval	date:	

Sender:	
Company:	
Name:	
Address/Location:	

Signature:	
Date:	

Please return to: [your Sales partner]	
Name:	
Address/Location:	
Phone:	
Fax:	
Email:	