


## Standardized Information for Process/Product Change Notification (PCN)

1. PCN basic data		
1.1 Company		
1.2 PCN No.	PCN17013	
1.3 Title of PCN	Add 2nd source assembly for affected PMD part numbers	
1.4 Product Category	Active Components - Discrete Components	
1.5 Issue date	2017/02/20	
1.6 PCN revision history (optional)	1.7 Issue date of previous revision (optional)	1.8 Delta to previous revision (optional)

Form provided by ZVEI - Revision 3.0.0

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 Lin	+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-DS-03	DATA SHEET	Specification of additional parameters
#2	SEM-PA-18	PROCESS - ASSEMBLY	Move of all or part of assembly to a different location/site/subcontractor.
#3			
#4			
#5			

4. Description of change		
	Old	New
Change #1	Supplier A	Supplier A & Supplier B
Change #2	Datasheet TO-252 Package Outline Dimensions	Datasheet Add another one TO-252 Package Outline Dimensions
Change #3		
Change #4		
Change #5		
4.6 Anticipated impact on form, fit, function, reliability or processability?	None	
4.7 Reference parts with customer number (optional)		

5. Reason / motivation for change	
5.1 Motivation	Add the 2nd source assembly site
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	2017/01/13



**Customer Feedback/Approval Form**

Form provided by ZVEI - Revision 3.0.0

<b>Title of PCN:</b>			
Add 2nd source assembly for affected PMD part numbers			
<b>Customer PCN No.</b>		<b>Supplier PCN No.</b>	PCN17013
<b>Please check the appropriate box below:</b>			

<input type="checkbox"/>	<b>1. Feedback</b>	<b>date:</b>	
<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"/>	<b>We disapprove because:</b>		
<input type="checkbox"/>	<b>Remark:</b>		

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

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

<b>Sender:</b>	
<b>Company:</b>	

<b>Name:</b>	
<b>Address/Location:</b>	
<b>Signature:</b>	
<b>Date:</b>	

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



