

**Customer Feedback/Approval Form**

Form Provided by ZVEI - Revision 4.0

<b>Title of PCN:</b>			
SOD123F Change of EMC, die size and bonding wire			
<b>Customer PCN No.</b>		<b>Supplier PCN No.</b>	PCN22003
<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>	

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Sender:	
Company:	
Name:	
Address/Location:	
Signature:	
Date:	

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

