

| Part Submission Warrant | | | | | |
|--|---|--|---|---|--|
| Part Name | O ring | Cust. Part Number | KF140033 | | |
| Shown on Drawing No. | KF140033 | Org. Part Number | - | | |
| Engineering Change Level | 1 | Dated | 5/14/2014 | | |
| Additional Engineering Changes | - | Dated | - | | |
| Safety and/or Government Regulation | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Purchase Order No. | - | Weight (g) | 6 gm /piece |
| Checking Aid No. | - | Checking Aid Engineering Change Level | - | Dated | - |
| ORGANIZATION MANUFACTURING INFORMATION | | | CUSTOMER SUBMITTAL INFORMATION | | |
| Wriston Elastomer Pvt Ltd | | | Parker Hannifin India Ltd., | | |
| Supplier Name & Supplier Code | | | Customer Name/Division | | |
| D-3 Industrial Estate, Mogappair East | | | Buyer/Buyer Code | | |
| Street Address | | | | | |
| Chennai Tamilnadu 600037 | | | Application | | |
| City State Zip | | | Fuel filter | | |
| MATERIALS REPORTING | | | | | |
| Has customer-required Substances of Concern information been reported? | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N.A. | | | |
| Are polymeric parts identified with appropriate ISO marking codes? | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N.A. | | | |
| REASON FOR SUBMISSION | | | | | |
| <input checked="" type="checkbox"/> Initial Submission | | <input type="checkbox"/> Change to Optional Construction or Material | | | |
| <input type="checkbox"/> Engineering Change(s) | | <input type="checkbox"/> Sub-Supplier or Material Source Change | | | |
| <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment or additional | | <input type="checkbox"/> Change in Part Processing | | | |
| <input type="checkbox"/> Correction of Discrepancy | | <input type="checkbox"/> Part Produced at Additional Location | | | |
| <input type="checkbox"/> Tooling Inactive > 1 year | | <input type="checkbox"/> Other - Please specify below | | | |
| REQUESTED SUBMISSION LEVEL (Check one) | | | | | |
| <input type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer. | | | | | |
| <input type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer. | | | | | |
| <input checked="" type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer. | | | | | |
| <input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer. | | | | | |
| <input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at supplier's manufacturing location. | | | | | |
| SUBMISSION RESULTS | | | | | |
| The results for | | <input checked="" type="checkbox"/> dimensional measurements | <input checked="" type="checkbox"/> material and functional tests | <input checked="" type="checkbox"/> appearance criteria | <input type="checkbox"/> statistical process package |
| These results meet all drawing and specification requirements: | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "NO" - Explanation Required) | | | |
| Mold / Cavity / Production Process | | 4 Cavities | | | |
| DECLARATION | | | | | |
| I hereby affirm that the samples represented by this warrant are representative of our parts, have been made to the applicable Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of 48 nos / hour. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below. | | | | | |
| EXPLANATION/COMMENTS: | | | | | |
| Is each Customer Tool Properly tagged and numbered? | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N.A. | | | |
| Organization Authorized Signature | | | | Date | 9/30/2015 |
| Print Name | P Mahadevan | Phone No. | 9940574297 | Fax No. | - |
| Title | Head - Development | E-mail | pm@wriston.co.in | | |
| FOR CUSTOMER USE ONLY (IF APPLICABLE) | | | | | |
| Part Warrant Disposition: | | <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other | | | |
| Customer Signature | | | | Date | |
| Print Name | | Customer Tracking Number (optional) | | | |