

Global Change Notification (GCN)

| Product Family | 5569 and right angle version of 87427 | 10699821 | |
|--|---|-------------------|--|
| | | GCN Number | |
| Series | 5569 and right angle version of 87427 | August 05, 2015 | |
| | | Date Issued | |
| Reason For Change | New, Modified, Or Replacement Tooling | | |
| Change Description | 1. The purpose of this request is for the the conversion of tooling from manual to semiauto assembly line that are manufactured in Inida. This does not effect other manufacturing locations. 2. No change in the existing product as only tooling's are replaced. 3. To improve manufacturing efficiency. 4. Design and development of new tooling with PLC controlled units. This tool was added due to capacity constraints with the existing tooling. The existing tools can not meet the current customer demand and therefore additional tooling was required. product from the new tooling will be fully qualified before it is released for production. List of parts: 39291028 39291048 39291068 39291088 39291108 39291128 39291148 39291168 39291188 39291208 39291228 39291248 874270202 874270212 874270212 874270402 874270412 874270424 874270602 874270612 874270802 874270812 874270824 874270834 874271002 874271012 874271202 874271212 874271402 874271602 874271812 874272002 874272012 87427202 874272202 874272212 874272402 874272412 874272422 | | |
| | | | |
| Part Numbers Affected | Please refer to CustomerPartList.csv attached to e-r | nail message. | |
| Reason For Short Notice Exception | New Capacity | | |
| Assessment Of Change (How Product Will Be Qualified & Validated) | Validation will be done by conducting 8 hrs Qualification run for critical dimensions and FAI report will be done for all the dimensions | | |
| Internal Molex Qualification Date (Planned Date Information Available) | July 28, 2015 | | |
| Sample Availability Date (Changed Part) | July 28, 2015 | | |
| Date of Implementation | September 05, 2015 | | |
| Method of Identifying Change | Identify outer boxes with blue color sticker for first | 3 consecutive lot | |
| Recommended Replacement Parts | NA | | |
| Last Time Buy Date for Obsolete Parts | | | |
| Last Time Ship Date for Obsolete Parts | | | |

| Contact | Name | E-mail | Phone Number |
|---|---|----------------------------|-----------------|
| Sales Engineer | Please refer to e-mail message for your local sales engineer. | | |
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