



Product / Process Change Notice

No.: Z200-PCN-OM201605-02-A

Date: 05/24/2016

Change Title : To add WAE KH as additional Testing and T&R Production site of Flash product with USON 8L(2*3 mm^2) package

Change Classification: Major Minor

Change item : Design Raw Material Wafer FAB Assembly Packing Testing Others

Affected Product(s) :

W25Q80BLUXIG ,W25Q40BWUXIE ,W25X10CLUXIG ,W25X20CLUXIG ,W25X40CLUXIG ,W25Q40EWUXIE ,
W25Q80EWUXIE ,W25Q10EWUXIE ,W25Q40CLUXIG ,W25X20CVUXSG ,W25X20CVUXJG ,W25X20CVUXAG

Description of Change(s)

To add Walton Kaohsiung Testing Limited (Hereandafter: WAE KH. Address: No. 18, North First Road, KEPZ Kaohsiung, Taiwan ,R.O.C) as an additional Testing and Tape-and Reel Production site of Flash product with USON 8L(2*3 mm^2) package.

Reason for Change(s) :

To meet customers delivery requirement.

Impact of Change(s) : (positive & negative)

Form : No Change

Fit : No Change

Function : No Concern (Please refer to attachment I)

Reliability : No Concern (Please refer to attachment II)

Hazardous Substances: No Change

Qualification Plan/ Results :

(1) WAE KH is a company with TS16949 and ISO 14001 certification.(Please refer to attachment III & IV)

(2) Based on Winbond standard qualification result, the new Testing and Tape-and Reel Production site meet our criteria (please refer to Attachment I & II).

Implementation Plan :

The product which is tested and packed by WAE KH will be implemented after get customer's approval

Date Code: _____ onward Lot No: _____ onward Proposed first ship date: 09/01/2016

Originator: (QA Sec. Manager)

Approval: (QA Dept. Manager)

Approval: (QRA Director)

Contact for Questions & Concerns

Name: Betty Huang TEL:886-3-5678168 (ext.86549) FAX: 886-3-5796124
Address : # 539, Sec. 2, Wenxing Rd., Jhubei City, Hsinchu County 302, Taiwan
E-mail: Hyhuang8@winbond.com



Customer Comments:

Note: Please sign this notice, and return to Winbond contact within 30 days. If no response is received within 30 days, this Change Request will be assumed to meet your approval.

Approval Disapproval Conditional Approval : _____.

Comment:

Date: _____

Dept. name: _____

Person in charge: _____