



Customer Feedback/Approval Form

Form based on ZVEI - Revision 3.0.0

<b>Title of PCN:</b>			
Business Continuity Plan Unisem Batam Products			
Customer PCN No.		Supplier PCN No.	MCM-5707
Please check the appropriate box below:			

<b>1. Feedback</b>	<b>date:</b>	
We agree with this proposed change for the parts as listed in chapter '11. Affected parts'. Approval letter will be sent in written form.		
We agree with this proposed change schedule and will start with the PCN process. Approval letter will be sent in written form after evaluation.		
We disapprove because:		
Remark:		

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

<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>	pcn_mlx (Lisa Vanheerswyngiels)
<b>Address/Location:</b>	
<b>Phone:</b>	+32 57 22 62 07
<b>Fax:</b>	
<b>Email:</b>	pcn_mlx@melexis.com