

## Product / Process Change Notice

No.: Z200-PCN-OM201606-01-A

Date: 06/02/2016

**Change Title : To add Winstek as an additional Backend Production site of Flash product with WLCSP package form.**

Change Classification:  Major  Minor

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

**Affected Product(s) :**

Please refer to Table 1 in details.

**Description of Change(s)**

To add Winstek Semiconductor Technology Co. (Address: No. 176-5,6 Ling, Hualung Chun, Chun, Chiung Lin, 307 Hsin-Chiu Hsien , Taiwan,ROC) as an additional Backend Production site of Flash product with WLCSP package form.

**Reason for Change(s) :**

To increase the Backend Production capacity of Flash product with WLCSP package form and meet customer's delivery request.

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

Form : No Change

Fit : No Change

Function : No Change

Reliability : No Concern (Pleases refer to attachment I and II)

Hazardous Substances: No Change

**Qualification Plan/ Results :**

(1) Winstek is one company with TS 16949 and ISO 9001 certification.(Please refer to attachment III)

(2) Based on Winbond standard WLCSP package qualification result, the new production line meets our criteria. (Please refer to attachment IV )

**Implementation Plan :**

The new backend production site will be released after get customer's approval.

Date Code: \_\_\_\_ onward     Lot No: \_\_\_\_ onward     Proposed first ship date: 09/19/2016

**Originator: (QA Sec. Manager)**



**Approval: (QA Dept. Manager)**



**Approval: (QRA Director)**





<b>Contact for Questions &amp; Concerns</b>	Name: <u>Betty Huang</u> TEL: <u>886-3-5678168</u> (ext.86549) FAX: <u>886-3-5796124</u> Address : <u># 539, Sec. 2, Wenxing Rd., Jhubei City, Hsinchu County 302, Taiwan</u> E-mail: <u>Hyhuang8@winbond.com</u>
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**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.*

<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval <input type="checkbox"/> Conditional Approval : _____.
Comment:
Date: _____
Dept. name: _____
Person in charge: _____



**Table 1. The affected part no are list below.**

W25Q80BWBYIG	W25Q80BWYS02	W25Q80BWBYDC	W25Q80BWYS01	W25Q80BWBYBB
W25Q80BWBYAA	W25Q16DWBYIG	W25Q16DWYS02	W25Q16DWYS06	W25Q16DWYS04
W25Q16DWYM07	W25Q16DWBYDC	W25Q16DWBYIL	W25Q16DWYM03	W25Q16DVBYIG
W25Q80DVBYIG	W25Q80DVBYDC	W25Q80DLBYIG	W25Q20EWBYIG	W25Q20EWBYDC
W25Q10EWBYIG	W25Q80EWBYIG	W25Q40EWBYDC	W25Q40EWBYIG	W25Q64FVBYIQ
W25Q64FVBYIC	W25Q64FWBYIG	W25Q64FWBYIC	W25Q64FWBYIQ	W25Q32FWBYIC
W25Q32FWBYIG	W25Q32FWBYIQ	W25Q32FWBYAA	W25Q16FWBYIG	