Product / Process Change Notice

Change Title : To add Greatek as additional assembly site for SON 8L (8X6MM^2) package.

Change Classification: ☑ Major ☐ Minor
Change item : ☐ Design ☐ Raw Material ☐ Wafer FAB ☑ Assembly ☐ Packing ☐ Testing ☐ Others

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Affected Product(s) :

W25Q128BVEIG, W25Q128FVEIG, W25Q256FVEIG, W25Q256FVEIF, W25M512JVEIQ, W25Q128FVEIQ, W25Q256FVEIQ, W25Q128BVEAG, W25Q128FWEIG, W25Q64FVZEIG, W25Q256FVEIM, W25Q32FVZEIG, W25Q128FVEIF, W25Q64CVZEIG, W25N01GVZEIG, W25Q64FWZEIG, W25Q128FWEIQ, W25Q128BVEJG, W25Q128BVEBG, W25Q64FVZEIF

Description of Change(s)

To add new assembly site Greatek Electronics Inc. (Address : No. 136 Gung-Yi Road, Chunan Cheng, Miaoli Hsien, Taiwan, R.O.C.), as additional assembly site of SON 8L (8X6MM^2) package.

Reason for Change(s) :

To increase the assembly capacity of SON 8L (8X6MM^2) package and meet customers delivery requirement.

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

Form : No Change

Fit : No Change

Function : No Change

Reliability : No Concern　　(Please refer to attachment I)

Hazardous Substances: No Concern　　(Please refer to attachment II)

Qualification Plan/ Results :

(1) Greatek is one company with TS 16949 certification (Please refer to Attachment III)

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

Implementation Plan :

☐ Date Code: _____ onward　　　☐ Lot No: _____ onward　　　☑ Proposed first ship date: 10/01/2016

Originator: (QA Sec. Manager)	*Y H Cheng*	*Approval: (QA Dept. Manager)*	*Y H Cheng*	*Approval: (QRA Director)*	*Gavin Chen*

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: _____