



Part Submission Warrant

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|---|--|--|--|
| Part Name <u>D471 2ND Row Center LTD Vinyl</u> | | Magna Part Number <u>D2FD-XXX-66521-M4</u> | |
| | | FORD Part Number <u>CE93-74501B16-AD</u> | |
| Shown on Drawing No. <u>CE93-74501B16-AD</u> | | Orig Part Number <u>CE93-74501B16-AD</u> | |
| Engineering Change Level <u>D2</u> | | Dated <u>31-Jan-10</u> | |
| Additional Engineering Changes <u>N/A</u> | | Dated <u>N/A</u> | |
| Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Purchase Order No. <u>N/A</u> Weight (kg) <u>0.6831</u> | |
| Checking Aid No. _____ | | Checking Aid Engineering Change Level _____ Dated _____ | |
| ORGANIZATION MANUFACTURING INFORMATION | | CUSTOMER SUBMITTAL INFORMATION | |
| <u>Windsor Machine & Stamping (2009) Ltd. (G&R #3)</u> | | <u>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>7085 Smith Industrial Drive</u> | | Buyer / Buyer Code _____ | |
| Street Address | | Application _____ | |
| <u>McGregor, ON</u> <u>N0R 1J0</u> <u>Canada</u> | | | |
| City | Region | Postal Code | Country |
| MATERIALS REPORTING | | | |
| Has customer-required Substance of Concern information been reported? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a | |
| Submitted by IMDS or other Customer format: | | <u>166390562, 166389230</u> | |
| Are polymeric parts identified with appropriate ISO marking codes? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a | |
| REASON FOR SUBMISSION (Check at least one) | | | |
| <input checked="" type="checkbox"/> Initial Submission | <input type="checkbox"/> Engineering Change(s) | <input type="checkbox"/> Change to Optional Construction or Material | <input type="checkbox"/> Supplier or Material Source Change |
| <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional | <input type="checkbox"/> Correction of Discrepancy | <input type="checkbox"/> Change in Part Processing | <input type="checkbox"/> Parts Produced at Additional Location |
| <input type="checkbox"/> Tooling Inactive > than 1 year | | <input type="checkbox"/> Other-please specify below _____ | |
| REQUESTED SUBMISSION LEVEL(Check one) | | | |
| <input type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer | | | |
| <input type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer. | | | |
| <input checked="" type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer | | | |
| <input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer. | | | |
| <input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location. | | | |
| SUBMISSION RESULTS | | | |
| The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package | | | |
| These results meet all drawing record requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required) | | | |
| Mold / Cavity / Production Process _____ | | | |
| DECLARATION | | | |
| I affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of _____ / 8 hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below. | | | |
| EXPLANATION/COMMENTS: _____ | | | |
| Is each Customer Tool Properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a | | | |
| Organization Authorized Signature: <u><i>Simon Cheng</i></u> | | Date <u>13-Jul-11</u> | |
| Print Name <u>Simon Cheng</u> | Phone No <u>519-726-4010</u> | FAX No <u>519-726-5368</u> | |
| Title <u>Quality Manager</u> | E-mail <u>scheng@windsormachine.com</u> | | |
| FOR CUSTOMER USE ONLY (IF APPLICABLE) | | | |
| PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____ | | | |
| Customer Signature <u><i>S. THEIVASAMY</i></u> | | Date: <u>July 12/11</u> | |
| Print Name <u>S. THEIVASAMY</u> | Customer Tracking Number (Optional) _____ | | |



Part Submission Warrant

| | | | |
|---|--|--|---------|
| Part Name <u>D471 2ND Row Center SEL Vinyl</u> | | Magna Part Number <u>D2FD-XXX-66511-M4</u> | |
| | | FORD Part Number <u>CE93-74501B16-AD</u> | |
| Shown on Drawing No. <u>CE93-74501B16-AD</u> | | Orig Part Number <u>CE93-74501B16-AD</u> | |
| Engineering Change Level <u>D2</u> | | Dated <u>31-Jan-10</u> | |
| Additional Engineering Changes <u>N/A</u> | | Dated <u>N/A</u> | |
| Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Purchase Order No. <u>N/A</u> Weight (kg) <u>0.6831</u> | |
| Checking Aid No. <u>Checking Aid Engineering Change Level</u> | | Dated _____ | |
| ORGANIZATION MANUFACTURING INFORMATION | | CUSTOMER SUBMITTAL INFORMATION | |
| <u>Windsor Machine & Stamping (2009) Ltd. (G&R #3)</u> | | <u>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>7085 Smith Industrial Drive</u> | | Buyer / Buyer Code | |
| Street Address | | Application | |
| <u>McGregor, ON</u> | <u>N0R 1J0</u> | <u>Canada</u> | |
| City | Region | Postal Code | Country |
| MATERIALS REPORTING | | | |
| Has customer-required Substance of Concern information been reported? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a | |
| Submitted by IMDS or other Customer format: | | <u>166391033, 166390940</u> | |
| Are polymeric parts identified with appropriate ISO marking codes? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a | |
| REASON FOR SUBMISSION (Check at least one) | | | |
| <input checked="" type="checkbox"/> Initial Submission | <input type="checkbox"/> Change to Optional Construction or Material | | |
| <input type="checkbox"/> Engineering Change(s) | <input type="checkbox"/> Supplier or Material Source Change | | |
| <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional | <input type="checkbox"/> Change in Part Processing | | |
| <input type="checkbox"/> Correction of Discrepancy | <input type="checkbox"/> Parts Produced at Additional Location | | |
| <input type="checkbox"/> Tooling Inactive > than 1 year | <input type="checkbox"/> Other-please specify below | | |
| REQUESTED SUBMISSION LEVEL(Check one) | | | |
| <input type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer | | | |
| <input type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer. | | | |
| <input checked="" type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer | | | |
| <input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer. | | | |
| <input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location. | | | |
| SUBMISSION RESULTS | | | |
| The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package | | | |
| These results meet all drawing record requirements: | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" Explanation Required) | |
| Mold / Cavity / Production Process _____ | | | |
| DECLARATION | | | |
| I affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of _____ / 8 hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from this declaration below. | | | |
| EXPLANATION/COMMENTS: _____ | | | |
| Is each Customer Tool Properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a | | | |
| Organization Authorized Signature: <u><i>Simon Cheng</i></u> | | Date <u>13-Jul-11</u> | |
| Print Name <u>Simon Cheng</u> | Phone No <u>519-726-4010</u> | FAX No <u>519-726-5368</u> | |
| Title <u>Quality Manager</u> | E-mail <u>scheng@windsormachine.com</u> | | |
| FOR CUSTOMER USE ONLY (IF APPLICABLE) | | | |
| PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____ | | | |
| Customer Signature <u><i>S. Thevasamy</i></u> | | Date: <u>July 27/11</u> | |
| Print Name <u>S. THEVASAMY</u> | Customer Tracking Number (Optional) _____ | | |



Part Submission Warrant

| | | | |
|---|--|---|---------|
| Part Name <u>D471 2ND Row Center Cloth</u> | | Magna Part Number <u>D2FD-XXX-66501-M4</u> | |
| | | FORD Part Number <u>CE93-74501B16-AD</u> | |
| Shown on Drawing No. <u>CE93-74501B16-AD</u> | | Orig Part Number <u>CE93-74501B16-AD</u> | |
| Engineering Change Level <u>D2</u> | | Dated <u>31-Jan-10</u> | |
| Additional Engineering Changes <u>N/A</u> | | Dated <u>N/A</u> | |
| Safety and/or Government Regulation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Purchase Order No. <u>N/A</u> Weight (kg) <u>0.6831</u> | |
| Checking Aid No. _____ | | Checking Aid Engineering Change Level _____ Dated _____ | |
| ORGANIZATION MANUFACTURING INFORMATION | | CUSTOMER SUBMITTAL INFORMATION | |
| <u>Windsor Machine & Stamping (2009) Ltd. (G&R #3)</u> | | <u>Intier Automotive</u> | |
| Organization Name & Supplier/Vendor Code | | Customer Name / Division | |
| <u>7085 Smith Industrial Drive</u> | | Buyer / Buyer Code _____ | |
| Street Address | | Application _____ | |
| <u>McGregor, ON</u> <u>NOR 1J0</u> <u>Canada</u> | | | |
| City | Region | Postal Code | Country |
| MATERIALS REPORTING | | | |
| Has customer-required Substance of Concern information been reported? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a | | | |
| Submitted by IMDS or other Customer format: | | <u>166391415, 166391365</u> | |
| Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a | | | |
| REASON FOR SUBMISSION (Check at least one) | | | |
| <input checked="" type="checkbox"/> Initial Submission | <input type="checkbox"/> Change to Optional Construction or Material | | |
| <input type="checkbox"/> Engineering Change(s) | <input type="checkbox"/> Supplier or Material Source Change | | |
| <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or Additional | <input type="checkbox"/> Change in Part Processing | | |
| <input type="checkbox"/> Correction of Discrepancy | <input type="checkbox"/> Parts Produced at Additional Location | | |
| <input type="checkbox"/> Tooling Inactive > than 1 year | <input type="checkbox"/> Other-please specify below _____ | | |
| REQUESTED SUBMISSION LEVEL(Check one) | | | |
| <input type="checkbox"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer | | | |
| <input type="checkbox"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer. | | | |
| <input checked="" type="checkbox"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer | | | |
| <input type="checkbox"/> Level 4 - Warrant and other requirements as defined by customer. | | | |
| <input type="checkbox"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location. | | | |
| SUBMISSION RESULTS | | | |
| The results for <input checked="" type="checkbox"/> dimensional measurements <input checked="" type="checkbox"/> material & functional tests <input type="checkbox"/> appearance criteria <input type="checkbox"/> statistical process package | | | |
| These results meet all drawing record requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" Explanation Required) | | | |
| Mold / Cavity / Production Process _____ | | | |
| DECLARATION | | | |
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| EXPLANATION/COMMENTS: _____ | | | |
| Is each Customer Tool Properly tagged and numbered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a | | | |
| Organization Authorized Signature: <u><i>Simon Cheng</i></u> | | Date <u>13-Jul-11</u> | |
| Print Name <u>Simon Cheng</u> | Phone No <u>519-726-4010</u> | FAX No <u>519-726-5368</u> | |
| Title <u>Quality Manager</u> | E-mail <u>scheng@windsormachine.com</u> | | |
| FOR CUSTOMER USE ONLY (IF APPLICABLE) | | | |
| PPAP Warrant Disposition: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Other _____ | | | |
| Customer Signature: <u><i>S. THEIVASAMY</i></u> | | Date: <u>July 27/11</u> | |
| Print Name <u>S. THEIVASAMY</u> | Customer Tracking Number (Optional) _____ | | |