

PRODUCT / PROCESS CHANGE NOTIFICATION

PCN No:	PCN2102-X00	Announcement Date:	25/Feb./2021
Title	Transfer of wafer test (CP) FAB		
Customer:	Digi-Key Corporation		
The date of evaluation sample delivery:	Not applicable		
PCN approval schedule:	2021-06-11		
Delivery of product tested at new FAB from:	2021-07-01		

1. Product(s):

MB86276PB-GS-K5ZE1

2. Technology:

CMOS technology

3. Description of Change:

Transfer of wafer test (CP) FAB.
Please refer the explanation presentation.

4. Reason of Change:

Due to the closure of "TPA(Tera Probe Aizu)" FAB

5. Effect on the products for the customer (Spec, Q&R,...):

Please see the explanation presentation. No effect on the product in customer's application expected.

6. Advantages for the customer

To keep stable supply.

7. Qualification Data

Yes, correlation data are planned.

8. Availability of customer qualification samples

Not applicable.

Originator:

Name: Socionext Inc.
Reliability & Quality Management DEPT
SAKURAI

Address: Nomura Shin-Yokohama Building 2-10-23 Shin-
Yokohama, Kohoku-Ku Yokohama, Kanagawa,
222-0033, Japan

Phone/Fax: +81-45-568-1000

E-mail : sakurai.yuji@socionext.com

Quality Department:

Name: Socionext Inc.
Reliability & Quality Management DEPT.
Manager Hiroaki Ebihara

Function: QA Manager

Address: Nomura Shin-Yokohama Building 2-10-23 Shin-
Yokohama, Kohoku-Ku Yokohama, Kanagawa,
222-0033, Japan

Phone/Fax: +81-45-568-1000

E-mail : ebihara.hiroaki@socionext.com

Distributor or Marketing and Sales Dir. / Manager:

Name: _____

Function: _____

Address: _____

Phone: _____

E-mail: _____

CUSTOMER ACKNOWLEDGEMENT

PCN No:	PCN2102-X00	Announcement Date:	25/Feb./2021
Title	Transfer of wafer test (CP) FAB		
The date of evaluation sample delivery:	Not applicable		
PCN approval schedule:	2021-06-11		
Delivery of product tested at new FAB from:	2021-07-01		
Customer:	Customer name		

According to EIA/Jesd46 & Socionext PCN internal process we are informing you about product/process change(s). You are kindly requested to give us a feedback (contacting us or re-sending this sheet) about this, within 30 days, also concerning any specific request of evaluation sample or Q&R plan/data; without any feedback from you, we will assume that you agree with this change.

Here below you can find the right information to contact us for any further information you need:

Name:
Function:
Phone:
Fax:
E-mail address:

(Area below for customer use only)

1. Acceptance of Change (Yes/No): _____

2. In case of non-acceptance, please insert your comments here:

Name: _____
Function: _____
Phone: _____
Fax: _____
E-mail address: _____