

Product / Process Change Notice

PCN No.: Q000-PCN-TL202009-01

Date: 2020-09-14.

Change Title: <u>Add automatic test equipment(ATE) platform of final test(FT) for I941xxxDI series products</u>			
Change Classification: ☐ Major ☒ Minor			
Change item: ☐ Design ☐ Raw Material ☐ Wafer FAB ☐ Package Assembly ☒ Testing ☐ Others: _____.			
Affected Product(s) : The affected parts are I941xxxDI series products in LQFP64L 7mm*7mm package.			
Description of Change(s) : Add Chroma CMA3380P tester as a second source of ATE platform for the FT of affected parts.			
Reason for Change(s) : 1. Test capacity improvement. 2. Improved operations and flexibility in managing test and production output. 3. Nuvoton on-going improvement process and self management.			
Impact of Change(s) : (positive & negative) Form: No change. Fit: No change. Function: No change. Reliability: No concern.			
Qualification Plan/ Results : Passed the correlation of ATE platforms by cross-verification.			
Implementation Plan : 1. This PCN is the formal announcement of the change in process. 2. Samples for customer evaluation are available, should customer decide such evaluation is needed. 3. Nuvoton is ready to execute this PCN immediately after customer approval. Therefore, if customer approval is obtained prior to the implementation date, Nuvoton will make this PCN effective right afterwards.			
☐ Date Code: _____ onward ☐ Lot No.: _____ onward ☐ Implemented date: <u>Oct. 15, 2020 (scheduled)</u>			
Originator:	H.Y. Lai / Q100	Approval:(QRA Director)	C.H. Shen/ Q000
Contact for Questions & Concerns	Name: <u>HYLai</u> TEL: <u>886-3-5770066 (ext. 31226)</u> FAX: <u>886-3-5792673.</u> Address: <u>No.4, Creation Rd. III Science-Based Industrial Park Hsinchu, Taiwan, R.O.C..</u> E-mail: <u>hylai0@nuvoton.com.</u>		

Customer Comments:

Note: Please sign this notice, and return to **Nuvoton** contact window 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: _____.
Date: _____	Dept. name: _____	Person in charge: _____.

Follow-up and Tracing:

A. copies to

FAB : N/A.

Test / Product: ☒ UL40 Long Chieu ☒ AS60 CHTsai ☒ R400 YTLiu ☒ R420 CCLin.

Design/ Marketing: ☒ UK00/ Mike Luh.

Production control/ Others: ☒ Q000 CHShen ☒ Q000 WFLin ☒ P100 CHHsu/YLHsu

B. Changes:

1. Document / Test program:

Document No/ test program	Document name/ test program name	version		responsibor	Completed date	Remark
		before	after			
NA	NA	NA	NA	NA	NA	NA

Verified by: _____.