

Product / Process Change Notice

PCN No.: QA00-202604-003

Date: 2026-04-029

Change Title: Shipping packing change from tape & reel (shape T) to tube (shape E).

Change Classification: Minor

Change item: Packing.

Affected Product(s) :

Total 27 SOP/SSOP/TSSOP package parts are affected, as shown in below list.

Part no.	Part no.	Part no.	Part no.	Part no.
I1616BSYIR	I4305SYR	NAU8812RG	W681360RG	W682310RG
I1620BSYIR	I4416SYR	W6810ISG	W681360WG	W682310SG
I17120SYR	I5104SYR	W6810IWG	W681511SG	W682510RG
I1730SYR	I5116SYIR	W681310RG	W681512RG	W682510SG
I1760SYR	I8102SYI	W681310SG	W681512SG	W6811ISG
I2130SYIR	NAU7802SGI	W681310WG	W681512WG	

Description of Change(s) :

Please note that these parts will no longer support shape T (T&R; Tape and Reel packing form) after May 01, 2026. Therefore, the shipping packing of these parts will be changed to shape E (tube packing form). Please refer the Appendix A: packing form change.

Production stage	Before	After
FAB site	No change	
CP test site	No change	
Assembly site	No change	
FT test site	No change	
Backend site	The packing form was changed from T&R to tube.	
Shipping site	No change	

Reason for Change(s) :

Due to the original subcontractor no longer supporting the production, these affected parts will no longer support shape T (tape & reel packing format) after May 01, 2026.

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

Form: No Change.

Fit: No Change.

Function: No Change.

Reliability: No Change.

HSF (Hazardous Substances Free): No Change.

Qualification Plan/ Results :

No concern to any reliability issue.

Implementation Plan :

This change will be started on May 01, 2026.

☐ Date Code: ☐ Lot No.: ☒ Implemented date: May 01, 2026

Originator:

Contact for Questions & Concerns

H.Y. Lai / QA10

Approval:(QA Director)

A.Yoshida / QA00

Contact for Questions & Concerns

Name: H.Y.Lai TEL: 886-3-5770066 (ext. 21226)

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Customer Comments:

Note: Please sign this notice, and return to **Nuvoton** contact within **30** days. If no response is received within **30** days, this Change Request will be assumed to meet your approval.

☐ Approved ☐ Rejected ☐ Conditional Approval: _____.

Date: _____ Dept. name: _____ Person in charge: _____.

Appendix A: packing form change.

T&R (Before)	Tube (After)
	
	
	