# Arrow Electronics, Inc.

# PPAP/IMDS REQUEST FORM

Send all requests to ppap-imds@arrow.com

**1. Reason for PPAP Request:**

|  |  |
| --- | --- |
| Today’s date | 07.12.2020 |
| PPAP requested (Y/N)  | N |
| Initial Submission (Y/N) |  |
| Changed part (Y/N) |  |
| Other |  |
| Level of PPAP (1,2,3,4,5) |  |
|  |  |

Infineon will only provide level 1 PPAP. TE/Tyco will only provide level 1 or level 4.

**2. Customer Information:**

|  |  |
| --- | --- |
| Customer Name | HIRSCHMANN CAR COMMUNICATION GMBH |
| End Customer Name | HIRSCHMANN CAR COMMUNICATION GMBH |
| Branch Code | DE\_DE\_Frankfurt\_Core\_Automotive\_Group\_Core01 |
| Customer Sold to Account Number | 1067176 |
| Customer Sold to Address |  |
| Customer Contact Name (Buyer) |  |
| Customer Contact Email Address |  |
| Customer Location |  |

**3. Part number and request details:**

|  |  |
| --- | --- |
| Customer Part Number | EP1C12F256I7NEP3C25F256A7NEP1C6F256I7N |
| Customer's drawing /Rev |  |
| Manufacturer part number | 225-467-000225-470-500225-488-500 |
| Manufacturer name | Intel |
| Customer PO number |  |

**4. Supplier specific details for PPAP requests only:**

|  |  |
| --- | --- |
| Application/Program |  |
| Estimated Annual Usage (qty)\*Infineon only |  |
| Customer's target price |  |
| Production Start Date |  |
| Project Duration - in years |  |

**5. IMDS:**

|  |  |
| --- | --- |
| IMDS requested (yes or no)? | Y |
| Customer IMDS ID# | 1788 |

**6. Comments:**

|  |  |
| --- | --- |
| Additional comments or requirements |  |
| \*\*Supplier contact name/email  |  |

**7. Customer due date:**

|  |  |
| --- | --- |
| Customer Due Date | ASAP |

\*Please note PPAPs take 4-6 weeks to process and IMDS is approximately 2 weeks.