



Magna Seating

PPAP Submission Warrant

PART INFORMATION

Phase and submission type: Phase 1 Phase 2 Phase 3 Interim (Non-PPAP)

Part Name: HDRES ASY FRT ST 4-WAY Cust. Part Number: CJ54-96611E24-AB
 Shown on Drawing Number: CJ54-96611E24-AB Organization Part Number: CJ54-96611E24-AB
 Engineering Change Level: B Dated: 1/23/2012
 Additional Engineering Changes: N/A Dated: _____
 Safety and/or Government Regulation: Yes No Purchase Order No. _____ Weight (kg): 0.764
 Checking Aid Number: T935430-00-003 Checking Aid Engineering Change Level: B Dated: 23-Jan-12

ORGANIZATION MANUFACTURING INFORMATION

Windsor Machine and Stamping/ EPK3B
 Organization Name and Supplier/Vendor Code
908 Gach Rd.
 Street Address
Princeton, IN, 47670 United States
 City Region Postal code Country

CUSTOMER SUBMITTAL INFORMATION

Magna Seating Novi
 Customer Name/Division
Barb Evenden
 Buyer/Buyer Code
Head Restraints
 Application

MATERIALS REPORTING

Has customer-required Substances of Concern information been reported? Yes No

Submitted by IMDS or other customer format: IMDS

If submitted by IMDS, enter Module ID number, version and date transmitted: 210208252 / 1 (Node ID 210208252) 2/3/12

Are polymeric parts identified with appropriate ISO marking codes? Yes No n/a

REASON FOR SUBMISSION (Check at least one)

Initial submission Change to Optional Construction or Material
 Engineering Change(s) Supplier or Material Source Change
 Tooling: Transfer, Replacement, Refurbishment, or additional Change in Part Processing
 Correction of Discrepancy Parts produced at Additional Location
 Tooling Inactive > than 1 year Other - please specify below

REQUESTED SUBMISSION LEVEL (Select one)

Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.
 Level 2 - Warrant with product samples and limited supporting data submitted to customer.
 Level 3 - Warrant with product samples and complete supporting data submitted to customer.
 Level 4 - Warrant and other requirements as defined by customer.
 Level 5 - Warrant with product samples and complete supporting data reviewed at supplier's manufacturing location.

SUBMISSION RESULTS

The results for dimensional measurements, material and functional tests appearance criteria statistical process package
 These results meet all design requirements Mold / Cavity / Production Process(es) Yes No (If "No" - Explanation Required)

DECLARATION

I affirm that the samples represented by this warrant are representative of our parts which were made by a process which meets all Production Part Approval Process Manual 4th Edition requirements including all Ford-specific requirements. I further affirm that these samples were produced at the production rate of 176 parts/hr
 1 documented evidence of such compliance is on file and is available for review. I have noted any exceptions from this declaration below.

EXPLANATION/COMMENTS

Organization Authorized Signature: [Signature] Print Name: Matt Kelley Date: 3-23-12
 Title: QA Manager Phone No: 812-385-8180 Fax: 812-386-8909 Email: mkelley@windsormachina.com

Is each Customer Tool properly tagged and numbered? Yes No n/a

Capacity Requirements

Source of the Program Approval requirements: CPA (Commercial and Program Agreement) Detail / Date: 2-Feb-12
 Program Approval (<PA>) Requirements: APW 18360 MPW: 22032
 If Program Approval (<PA>) requirements are not met, indicate date when the requirements will be met: NA

Source of the revised requirements after <PA>: APW Detail / Date: _____
 Revised requirements after <PA>: _____ MPW: _____ Date: _____

If the revised requirements after <PA> are not met, indicate date when the requirements will be met: _____

Demonstrated Capacity (recorded in Ford Capacity System (GCP or MCPV) as Purchased Part Capacity)

Enter Capacity Analysis Report "Predicted Good Parts per Week" APW, MPW and date: APW 18769 MPW: 22610 Date: 3-Feb-12

FOR CUSTOMER USE ONLY

PPAP Approved Rejected Interim Accepted

Phased PPAP Warrant Status: Approved Rejected Interim Accepted

SQA Signature: [Signature]
 Name: KRISHNA AKHIL
 Date: 03/23/2012

Interim Status (to be completed by the Organization)
 Engineering Authorization: Alert or Alert Report
 Description: (Incomplete PPAP Requirements) _____

If "Non-PPAP" indicates the customer does not intend, use or meet PPAP requirements and/or include