



Doc. No. : PCN231202
Date : Dec 22, 2023

To : Dear Valued Customers

Product/Process Change Notice

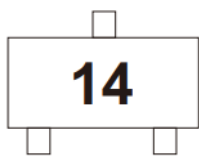
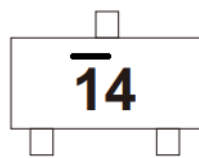
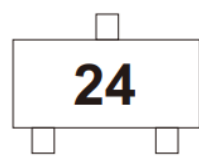
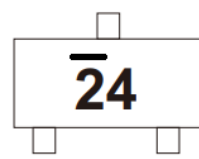
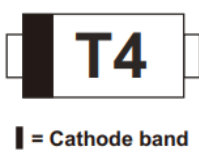
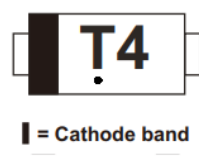
We hereby submit PCN for your review and approval.

Application or type : The product add new assembly site.									
Detail of the change : The datasheet specifications have to modify.									
Current : <div style="text-align: center;">Please refer the attached.</div>	After the change : <div style="text-align: center;">Please refer the attached.</div>								
Reason for the change : This notification is to advise our customers that we will add or change the new assembly site of the following product to better support long-term demand for the affected products. Full electrical characterization and reliability testing have been completed on representative part numbers to ensure there is no change to device function or electrical specifications in the datasheet. Reliability reports as attached file.									
Evaluation items : <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">Part No.</th> <th style="padding: 5px;">Package Type</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">ADTA114ECA-HF</td> <td style="padding: 5px;">DFS</td> </tr> <tr> <td style="padding: 5px;">ADTC114ECA-HF</td> <td style="padding: 5px;">SOT-23</td> </tr> <tr> <td style="padding: 5px;">1N4148WS-HF</td> <td style="padding: 5px;">SOT-23</td> </tr> </tbody> </table>		Part No.	Package Type	ADTA114ECA-HF	DFS	ADTC114ECA-HF	SOT-23	1N4148WS-HF	SOT-23
Part No.	Package Type								
ADTA114ECA-HF	DFS								
ADTC114ECA-HF	SOT-23								
1N4148WS-HF	SOT-23								
* Subject to ROHS product material survey table final confirmation.									
Implemented from : Effective immediately.									

R&D Dept. Signature : 	QA Dept. Signature : 
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Part No.	Current	After the change
ADTA114ECA-HF		
ADTC114ECA-HF		
1N4148WS-HF	 = Cathode band	 = Cathode band

Answer To PCN

Please complete the form below duly signed and fax back to Comchip Technology Co.

Please select your answer 1. Approved this PCN 2. Approved this PCN with conditions 3. Disapproved this PCN	Date
	Responsibility By
Please specify the condition or explain the reason if you select 2 or 3.	

Unless a Comchip Technology Co., Ltd. Sales representative is contacted in writing within 30 days of the posting of this notice, all changes described in this announcement are considered approved.