



NOTICE OF CHANGE		  Industrivangen 5 4550 Asnaes Denmark
Change Type: Notification Only	Raised Date 08-07-2025	
Customer:	Effect. Date	
Contract:		
Project:		
Impact: None		
Parts Affected: Various EFDs		
Obsolescence <input type="checkbox"/>		
Last Buy <input type="checkbox"/>	Reference: NOC-25-005	
<b>Details of Change</b> <p>Flux uses a replacement pin in some EFD parts. The pin is made of a core material of CuNi18Zn40(C96400). The core material of the pin is to be changed to CuSn8(C5191). Both versions shall have a surface treatment of Sn60Pb40 5-10µm.</p> <p>The part number of the C96400 pin prior to surface treatment is 54220085-4 and the C5191 has part number 554220090-1.</p> <p>C96400 version The addition of the surface treatment changed 54220085-4 to part number 54220058-4.</p> <p>C5191 version The addition of the surface treatment will change 54220090-1 to part number 54220091-1.</p>		
<b>Justification</b>		
<b>Flux Approval</b>		
Name:	Signature:	Date:
<b>Customer</b>		
Name:	Signature:	Date:
Other Documents		

	<h1>NOTICE OF CHANGE</h1>	<p><b>Reference:</b> NOC-25-005</p> <p><b>Date:</b> 08-07-2025</p>
<h2>Changes Affecting Contract</h2>		
<p><b>Schedule:</b></p>	<input type="checkbox"/>	
<p><b>Price:</b></p>	<input type="checkbox"/>	
<p><b>Baseline:</b></p>	<input type="checkbox"/>	
<p><b>Legislation:</b></p>	<input type="checkbox"/>	
<h2>Changes Affecting Product</h2>		
<p><b>Design:</b></p>	<input type="checkbox"/>	
<p><b>Processes:</b></p>	<input type="checkbox"/>	
<p><b>Materials:</b></p>	<input checked="" type="checkbox"/> C96400 changed to C5191 DML reference 02.007	
<p><b>Process Flow:</b></p>	<input type="checkbox"/>	
<p><b>Testing:</b></p>	<input type="checkbox"/>	
<p><b>Documentation:</b></p>	<input type="checkbox"/>	
<p><b>Equipment:</b></p>	<input type="checkbox"/>	
<p><b>International Standards:</b></p>	<input type="checkbox"/>	
<p><b>Legislation:</b></p>	<input type="checkbox"/>	
<h2>Changes Affecting QMS</h2>		
<p><b>Supplier:</b></p>	<input type="checkbox"/>	
<p><b>Sub-contractor:</b></p>	<input type="checkbox"/>	
<p><b>Organisation:</b></p>	<input type="checkbox"/>	
<p><b>Legislation:</b></p>	<input type="checkbox"/>	
<p><b>International Standards:</b></p>	<input type="checkbox"/>	
<p><b>Origin:</b></p>	<input type="checkbox"/>	