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ENGINEERING CHANGE NOTICE

Originator:	Wenyu Qin	Date:	Document Number
Phone No.	416-754-3322	March 12, 2026	20220506-00
Email Address:	wqin@edacgroup.net		
Department	Quality	Revision Number	SHEET
		2	1 of 1

CHANGE TYPE:

CLASS I Customer notification and approval required prior to implementation

CLASS II Customer notification only, no approval required

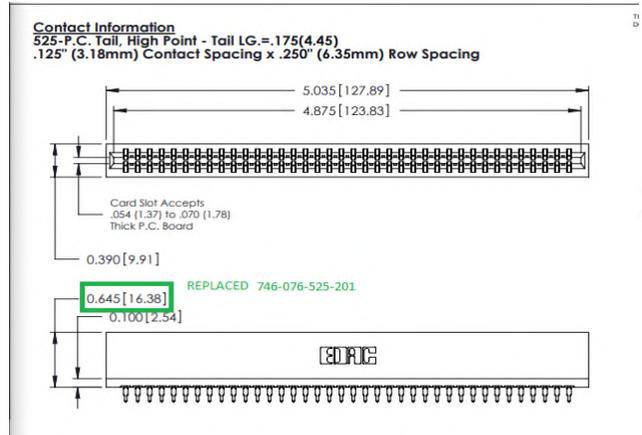
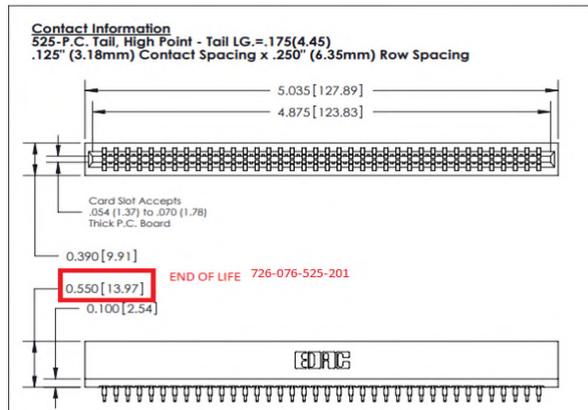
CLASS III No customer notification required

REASON OF CHANGE

End of Life for 726 Series connectors and has been replaced with 746 Series.

DESCRIPTION OF CHANGE:

- Old tooling has worn out and need to be replaced by standard tooling with minimal change in the length of the housing from 13.97mm to 16.38mm.
- As an example for P/N replacement: P/N- 726-076-525-201 and has been replaced with P/N- 746-076-525-201.
 Old Drawing New Drawing



IMPLEMENTATION: 3/12/2026

PARTIES AFFECTED

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Customer | <input type="checkbox"/> NORCOMP | <input checked="" type="checkbox"/> ECA |
| <input checked="" type="checkbox"/> Distributors | <input type="checkbox"/> MH | <input checked="" type="checkbox"/> EDG |
| <input type="checkbox"/> Suppliers | <input checked="" type="checkbox"/> ETW | <input checked="" type="checkbox"/> EDAC UK |

KEY TARGET DUE DATES IF CHANGE IS APPROVED TO PROCEED (check if applicable and show target dates as known)

<input type="checkbox"/> Submit Quote	_____	<input type="checkbox"/> PPAP from Supplier	_____
<input type="checkbox"/> Prod. Trial Run	_____	<input type="checkbox"/> MRD of Production Parts	_____
<input type="checkbox"/> Run at Rate	_____	<input type="checkbox"/> UL / CSA / RoHS / REACH	_____

ACKNOWLEDGEMENT FOR ECN INITIATION: (OPTIONALS)

<input type="checkbox"/> Tooling Rep _____	<input checked="" type="checkbox"/> Marketing Rep <u>Marco Lamanna</u>
<input type="checkbox"/> Mfg Eng Rep _____	<input type="checkbox"/> Facilities Rep _____
<input type="checkbox"/> Production Rep _____	<input checked="" type="checkbox"/> Sales Rep. <u>Esther Marothy</u>
<input type="checkbox"/> Materials Rep _____	<input type="checkbox"/> Product Eng. Rep. _____
<input checked="" type="checkbox"/> Quality Rep <u>Wenyu Qin</u>	<input type="checkbox"/> Purchasing Rep _____

STATUS	
APPROVED	<input checked="" type="checkbox"/>
CCS CHANGE REQUEST #	
REJECTED	<input type="checkbox"/>

APPROVALS FOR ECN INITIATION (REQUIRED)

<input checked="" type="checkbox"/> <input type="checkbox"/> General Manager	<u>Bob Sakitkovski</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> Quality Engineer	<u>Wenyu Qin</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Engineering Manager	<u>Ronnie Sta Monica</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> Engineer	<u>Vinesh Kamania</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Business Development Manager	<u>Kobie Samuels</u>		

Change REJECTED by:

Rejected Date: