

## Product transfer

### Customer

### CM:

### Date

YYYY-MM-DD hh:mm:ss



## Product information

	Product Description	Model	Ver	Customer P/N	EFCO P/N
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Attendance at meeting [EFCO]

	Name	Department
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

### Attendance at meeting [CM]

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Check list

	Yes	No
Product documents	<input type="radio"/>	<input type="radio"/>
Golden Sample	<input type="radio"/>	<input type="radio"/>
Test Fixture	<input type="radio"/>	<input type="radio"/>
Test program	<input type="radio"/>	<input type="radio"/>
New technology	<input type="radio"/>	<input type="radio"/>
Special requirements	<input type="radio"/>	<input type="radio"/>
Mechanical / Dimensions	<input type="radio"/>	<input type="radio"/>
Packing and Labeling	<input type="radio"/>	<input type="radio"/>
Other Notes	<input type="radio"/>	<input type="radio"/>

If other, precise:

## Action items

	Actions/ Discussions	Responsible	Due	States /Notes
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Comments

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## Conclusions

- Passed and go the next stage
  - Need to go discuss in this stage after clarification
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