**SUPPLIER CHANGE REQUEST**

**APPLICATION** (to be filled in by supplier)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Supplier issuer (name and address) | | | | | | Request date |
| Supplier code |
| Haldex part No. | Part name | | | | | |
| Change  Design  Process  Other | | | | | | |
| Description of requested change | | | | | | |
| Effect of change  Tooling cost  Piece cost  Quality  Interchangeability  Other | | | | | | |
| Impact of change | | | | | | |
| Purpose (benefit) of change /supplementary information | | | | | | |
| Time to incorporate change after approval (including PPAP) | | | | | | |
| **DECISION** (to be filled in by Haldex) | | | | | | |
| Supplier Change Request approved | | | | | Supplier Change Request **not** approved | |
| Supplier Change Request approved with conditions that: | | | | | | |
| Haldex ECR required  Yes  No | | | | ECR No. | | |
| New PPAP required  Yes  No | | | | | | |
| Documents to submit  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19 | | | | | | |
| Decided by (title) | | Department and name | | | | |
|  | | |  | |  | |
| Date | | | | | Signature Haldex | |