**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  |