

## Supplier Change Request (SCR)

<b>Supplier Code (DUNS):</b>	
<b>Supplier Name:</b>	
<b>Address:</b>	
<b>Tel No:</b>	
<b>Fax No:</b>	
<b>Part Number:</b>	
<b>Part Name:</b>	
<b>Drawing Number:</b>	<b>Issue Level/Date:</b>

### DETAILS OF CHANGE (to be completed by supplier)

**Reason(s) for change(s) → i.e. change of:**

- |                                                   |                                                                                    |
|---------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> design or material       | <input type="checkbox"/> equipment / tooling (e.g. new, additional or replacement) |
| <input type="checkbox"/> manufacturing technology | <input type="checkbox"/> control plan and/or inspection method                     |
| <input type="checkbox"/> part processing          | <input type="checkbox"/> other – please specify:                                   |
| <input type="checkbox"/> manufacturing location   | _____                                                                              |
| <input type="checkbox"/> sub-supplier             |                                                                                    |

**Describe change in more detail:**

a) Requested date of implementation: \_\_\_\_\_

b) Timing plan details (esp. considering lead time for tooling, building up safety stock and Initial Sample/PPAP approval) – please attach timing plan:

c) Detail any risks concerning quality, capacity and delivery requirements:

<b>Signed:</b>	<b>Date: 28.08.2014</b>	<b>Position:</b>
----------------	-------------------------	------------------

### Supplier Change Request (SCR)

d) Will the SCR incur any additional cost?  yes  no

If yes, what kind of cost - please specify:

Piece price: \_\_\_\_\_

Packaging / transport: \_\_\_\_\_

Tooling / equipment: \_\_\_\_\_

Others: \_\_\_\_\_

The completed Supplier Change Request has to be submitted within an appropriate lead time to complete all the planning, change and approval activities. This must be at least 6 months before the intended implementation date of the change.

#### MANN+HUMMEL USE ONLY

Change Request is  approved  not approved

Signed:	Date:	Position:
Signed:	Date:	Position:

ISIR / PPAP required  yes  no

If yes, specify submission level: **PPAP level** \_\_\_\_\_ or **VDA level** \_\_\_\_\_

Any other requirements, please specify: \_\_\_\_\_

<b>NOTIFICATION OF COMPLETION</b>	
<b>Date of completion:</b>	
<b>Date of first production shipment into MANN+HUMMEL:</b>	
<b>Signed:</b>	
<b>Date:</b>	
<b>Position:</b>	

**Note: Approval by MANN+HUMMEL shall not relieve the Supplier in any way from its responsibilities.**