



SUPPLIER INITIATED CHANGE REQUEST

Product ☐ Process ☐

Nr.: _____ Date: _____

Information Completed by Supplier	Information Completed by SEG
Supplier Name _____	Supplier Code _____
Address _____	Affected Project (s) _____
Tel. No. _____	_____
Fax No. _____	Affected Product (s) _____
Part No. _____	Product Family _____
Part Name _____	
Drawing No. (Version) _____	Characteristic (s) affected: S <input type="checkbox"/>
SEG Plant (s) affected: _____	R/G <input type="checkbox"/>
	  <input type="checkbox"/> <input type="checkbox"/> C / F / K <input type="checkbox"/>

DETAIL OF CHANGE (COMPLETED BY SUPPLIER)																					
Change required for: <input type="checkbox"/> Prototype <input type="checkbox"/> Preproduction <input type="checkbox"/> Production	Testing data supplied <input type="checkbox"/> Yes <input type="checkbox"/> No																				
	FMEA or risk assessment supplied <input type="checkbox"/> Yes <input type="checkbox"/> No																				
1. Date of Proposed Change: _____																					
2. Reason For Change: _____																					
Type of change:	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Product / Packaging Subcontractor Test methods/equipment Relocation/set-up of production site Production methods, processes* and materials (also at subcontractors) Relocation/set-up production equipment at the same production site others: _____ * including replacement or changes to molds, tooling, fixtures, support machinery or processes																				
Other information:	<input type="checkbox"/> Interchangeability affected? if yes, explain _____ <input type="checkbox"/> Time to incorporate change after approval? _____																				
3. Explanation of change (detail comparison between before and after the change) _____																					
4. Timing plan details _____																					
5. How will Quality and capacity requirements be assured? (please include details of any planned safety stock, and scrap plan if required) _____																					
6. Cost effect _____																					
Note: if more space is required, attach sketch or description of change on a separate document																					
Signed: _____ Name: _____ Position: _____ Date: _____																					
Notes: This document must be submitted to responsible SEG Supplier Quality Engineer before the introduction date of proposed change (timing to be agreed upon with your SEG contact, at least 6 month before introduction for automotive purchasing) Submission of this document does not replace a written approval of SEG neither for the start of preparation of the change nor for the change implementation itself																					

Response to supplier by SEG	
<input type="checkbox"/>	Change Request has met initial approval requirements. SEG will begin the official Engineering Change Management process and will inform the supplier of final approval status and further proceedings if required (e.g. required measures for preventive quality assurance, scope of PPAP, supplemental process audits, other documents).
<input type="checkbox"/>	Change Request declined
Reason:	_____
SEG Purchasing Quality or:	Name _____ Department _____ Date _____
SEG Lead Buyer or:	Name _____ Department _____ Date _____
SEG Logistics:	Name _____ Department _____ Date _____