

**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"/>
	C / F / K <input type="checkbox"/>

**DETAIL OF CHANGE (COMPLETED BY SUPPLIER)**

Change required for:  Prototype  Preproduction  Production      Testing data supplied  Yes  No  
 FMEA or risk assessment supplied  Yes  No

1. Date of Proposed Change: \_\_\_\_\_

2. Reason For Change: \_\_\_\_\_

Type of change:	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Product / Packaging
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subcontractor
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Test methods/equipment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relocation/set-up of production site
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Production methods, processes* and materials (also at subcontractors)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relocation/set-up production equipment at the same production site
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	others: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* including replacement or changes to molds, tooling, fixtures, support machinery or processes
Other information:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interchangeability affected? if yes, explain _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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**

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).

Change Request declined

Reason: \_\_\_\_\_

SEG Purchasing Quality or:	Name _____	Department _____	Date _____
SEG Lead Buyer or:	Name _____	Department _____	Date _____
SEG Logistics:	Name _____	Department _____	Date _____