Date (dd-mm-yy)					Change	<u>Request</u>			
							WE IMPROVE YOUR LIFE		
Supplier							LINAK		
Supplier name /address						Approved change request with the followin	g		
							required documentation		
LINAK Supplier no.							OR OR Rejected change request Why if checked:		
	Requestor's name				Requestor's titl	٩	why if checked:		
					nequestor s th	c .			
	Requestor's Phone No.				Requestor's Ema	ail			
-									
Su	oplier request type		Change o	f			Required documentation		
	Product	Г	Sub-supplier		Other:		Complete PPAP		
╟━	Process		Material	┥┕┙	ouncil		Process Flow Chart		
F	Manufacturing site		Tools				PFMEA		
lad.			_				Control Plan		
Supplier							MSA		
Description of change							Process Capability Study		
							Measurement results		
							Additional requirements		
Reason for change									
Fff	ect of the change								
							LINAK Approval		
							Date (dd-mm-yy) Approved by		
Ho	w to assure that specificat	ions	are fulfilled						
Action Plan/schedule				Impleme	entation date	Responsible			
Dou	ment no: QA-89-06-057		Rev: 22-06-2020						