

Ref No	Rev No.	Issue Date

Design change Request

(This Section to be filled out by the person requesting the design change)

Name: -----	Date: / /
Dept: -----	
Description of Change (in Brief) ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----	
Reason for Change ----- ----- ----- ----- ----- ----- -----	
(to be completed by the Quality MGR)	
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
<input type="checkbox"/> More Information Required	
Signature: -----	Date : / /