| ___-DA-____ | CTI Systems S.à r.l.
Request for Deviation Authorisation | | |

From	To	E-Mail	Date

Please approve the deviation request

Part Name	Drawing No.	Order- & Project No.	Quantity

Position	Attribute	should be	it is

Text:

Date   Sign of Applicant

Approval process for deviation CTI Systems S.à r.l.			
Department	Name /Date	Authorisation	
		approved	not approved
Project management			
Engineering			
Quality			
Purchasing			

After reviewing your change request, we will give you approval for further production. Please note that this deviation approval refers exclusively to the above-mentioned components. All other components are subject unchanged to the specification given by CTI Systems S.à r.l.