

<b>DFUE - WARENBEGLEITSCHIN</b>	SENDUNGS - NR :41023852	Druckzeitpunkt: 22.09.2025 11:01
LIEFERANT - WERK : TALLAG Saalfeld	PUS-Nr.: 21	BLATT 1 . 1
- NR : 91026791	EMPFAENGER - WERK : 100	ABLADESTELLE : 14248
	- NUMMER : 1102610	LAGERORT :
TALLAG Saalfeld GmbH	Magna PT S.p.A	VERBRAUCHSSTELLE :
	Plant Modugno	VERSANDART : 3
Hüttenstraße 21	Via dei Ciclamini 4	FRACHTFUEHRER : DHL
D-07318 Saalfeld	I 70026 Modugno (Bari)	- NUMMER :
		SEND. - GEWICHT BR : 998,040

LS - NR	SACHNUMMER KUNDE	MENGE	ME	U/C	BEZEICHNUNG DER LIEFERUNG	BESTELL - NR
- DATUM	SACHNUMMER LIEFERANT	ZUSATZDATEN LIEFERANT				
- POS	PACKMITTEL - MENGE - NUMMER KUNDE	FUELLMENGE	- NUMMER LIEFERANT	PACKSTÜCK NR. VON	BIS	LABEL
31066539	M0176660 /	1.680,000	stk	/	Parksperrenrad	550004807701
22.09.2025	M0176660					
1,0	CHARGE :					
VP :	1 - TBA-507064	X		0	P507064	004311055 004311055 M
VP :	1 - TBA-507064	X		0	P507064	004311096 004311096 M
VP :	40 - TBA-520880	X		21	P520880	004311056 004311095 S
VP :	40 - TBA-520880	X		21	P520880	004311097 004311136 S
VP :	40 - TBA-507166	X		0	P507166	
VP :	40 - TBA-507166	X		0	P507166	
VP :	1 - TBA-520892	X		0	P520892	
VP :	1 - TBA-520892	X		0	P520892	

**KP-Euro – Kein Palettentausch**

\*\*\*\*\* ENDE \*\*\*\*\*

501h1858h2

**KUEHNE+NAGEL S.r.l.**  
Via dei Ciclamini, enc - 70026 Modugno (BA)

25 SET 2025  
"Ricevuto con riserva di  
verifica su qualità e quantità"

WE :

MENGENPRUEFUNG :

GUETEPRUEFUNG :

Info Summary

Deviation No 85971

Requestor Rossi, Ivan Donato

Deviation Type	Production without approved PPAP		
Deviation Title	Park Lock Wheel - PPAP is open only because process capability is not achieved		
Deviation Description	Park Lock Wheel - PPAP is open only because process capability is not achieved. Deviation will cover the batch shipped on 25/08/25. Recovery plan in CW36		
Part No	M0176660	-	Parksperrenrad Drehteil
PD representative	Frank.Dietrich@magna.com		
Product Line	8FeDCT	Product Code	8FeDCT
Customer	Mercedes - Stuttgart		
Customer Approval?	No		
Customer Approval Note	no		
Permanent Change	not required	<b>Further Parts / weitere Teile</b>	
Supplier Type	EP		
Supplier	Tallag AG - Saalfeld		
affected plants	Bari		
deviation_risk_comment	Low. Components are certified by supplier		
Reoccurrence	No	Reoccurrence No	
Quantity	2.000	Start Date	25/08/2025
		End Date	23/11/2025
Corrective Action No			
Add Controls Required?			

# Part Submission Warrant for Suppliers



Part Name <u>PARK LOOK WHEEL</u>		Cust. Part Number <u>M0176660</u>	
Shown on Drawing No. <u>M0176660</u>		Org. Part Number <u>M0176660</u>	
Engineering Change Level <u>00</u>		Dated <u>05. Jun 25</u>	
Additional Engineering Changes _____		Dated _____	
Safety and/or Government Regulation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Purchase Order No. <u>5,50003E+11</u>	
Checking Aid No. _____		Weight (kg) <u>0.44</u>	
Checking Aid Engineering Change Level _____		Dated _____	
<b>ORGANIZATION MANUFACTURING INFORMATION</b>		<b>CUSTOMER SUBMITTAL INFORMATION</b>	
<u>TALLAG Saalfeld GmbH / 91026791</u>		<u>Magna PT S.p.A./Barl</u>	
Organization Name & Supplier/Vendor Code		Customer Name/Plant	
<u>Hüttensrasse 21</u>		<u>Tobias Schmid</u>	
Street Address		Buyer/Buyer Code	
<u>Saalfeld</u>	<u>Thüringen</u>	<u>07318</u>	<u>Germany</u>
City	Region	Postal Code	Country
Application _____			
<b>MATERIALS REPORTING</b>			
Has customer-required Substances of Concern information been reported? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> n/a			
Submitted by IMDS/CAMDS or <u>1429011324 / 2</u> other customer format _____			
Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> n/a			
<b>REASON FOR SUBMISSION (Check at least one)</b>			
<input checked="" type="checkbox"/> Initial Submission		<input type="checkbox"/> Tooling Inactive > than 1 year	
<input type="checkbox"/> Engineering Change(s)		<input type="checkbox"/> Change to Optional Construction or Material	
<input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional		<input type="checkbox"/> Supplier or Material Source Change	
<input type="checkbox"/> Correction of Discrepancy		<input type="checkbox"/> Change in Part Processing	
<input type="checkbox"/> Parts Produced at Additional Location		<input type="checkbox"/> Capacity Increase (OEE required)	
<input type="checkbox"/> Other - please specify below _____			
SRMA No. if applicable: _____			
<b>REQUESTED SUBMISSION LEVEL (Check one)</b>			
<input type="radio"/> Level 1 - Warrant only (and for designated appearance items, an Appearance Approval Report) submitted to customer.			
<input type="radio"/> Level 2 - Warrant with product samples and limited supporting data submitted to customer.			
<input checked="" type="radio"/> Level 3 - Warrant with product samples and complete supporting data submitted to customer.			
<input type="radio"/> Level 4 - Warrant and other requirements as defined by customer.			
<input type="radio"/> Level 5 - Warrant with product samples and complete supporting data reviewed at organization's manufacturing location.			
<b>SUBMISSION RESULTS</b>			
The results for <input type="checkbox"/> dimensional measurements <input type="checkbox"/> material and functional tests <input checked="" type="checkbox"/> statistical process package <input type="checkbox"/> OEE <input type="checkbox"/> appearance criteria			
These results meet all drawing and specification requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (if "NO" - Explanation Required) _____			
Mold / Cavity / Production Process _____			
<b>DECLARATION</b>			
I hereby affirm that the samples represented by this warrant are representative of our parts which were made by a process that meets all Production Part Approval Process Manual 4th Edition Requirements. I further affirm that these samples were produced at the production rate of _____ / _____ hours. I also certify that documented evidence of such compliance is on file and available for review. I have noted any deviations from the declaration below.			
<b>CAPACITY REQUIREMENTS</b>			
I hereby confirm to have a <u>600</u> day capacity including the complete supply chain available for a max. CPV: <u>410000</u> with a Shift pattern: max. <u>15</u> shifts/week <u>0</u> M/min and min. <u>50.8</u> week/year. I have noted any deviations from the Capacity Requirements below.			
<b>EXPLANATION/COMMENTS</b>			
Is each Customer Tool properly tagged and numbered? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> n/a Tool Order <u>#####</u>			
Organization Authorized Signature <u>i. A. Thomas Ose</u>		Date <u>07. Aug 25</u>	
Print Name <u>i. A. Thomas Ose</u>		Phone No. <u>+49 3671 585-391</u>	
Title <u>Key Account Manager</u>		E-mail <u>thomas.ose@tallag.com</u>	
<b>FOR CUSTOMER USE ONLY</b>			
PPAP Warrant Status <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Interim Accepted		for Interim approval a Deviation or MD No. is necessary when deviations to specification under Contract are identified Management Deviation Request or special authorization as attachment on PSW No: <u>25571</u>	
Comments <u>PSW INTERIM - TO COVER 25/08/25 BATCH</u>			
Customer Signature <u>Ivan Donato Rossi</u>		Date <u>22/08/25</u>	
Print Name <u>IVAN DONATO ROSSI</u>		Customer Tracking Number (optional) _____	

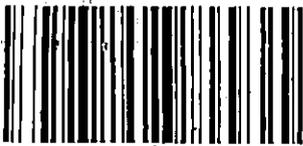
Based on CPO-1001 PPAP Version 4

MSD006876  
Valid from: 2024-06-03

Via del Cidamini, 4  
 10026 MODUGNO (BA)  
 P.IVA 04888850728  
**MAGNA**  
 Magna PT S.p.A.  
 Magna PT S.p.A. (Internal)  
 Reference No. 00305

Retention: MNQT01  
Final Storage Location: SQD

TRANSPORT ORDER



00046600949

00046600949

ERF-ER-3603377

DATE: 24/09/2025

<b>CONSIGNOR (name, address, country)</b> TALLAG SAALFELD GMBH HUETTENSTR. 21  DE-07318 SAALFELD TEL: 03671/585-408 VAT ID NR REF: 31066539		<b>FEATURES</b> <input type="checkbox"/> Time Slot pick-up <input type="checkbox"/> Time Slot delivery <input type="checkbox"/> Tail Lift pick-up <input type="checkbox"/> Tail Lift delivery <input type="checkbox"/> Under Customs <input type="checkbox"/> Fixed Delivery Date <input type="checkbox"/> Pre-Advise Delivery <input type="checkbox"/> Pre-12 Delivery <input type="checkbox"/> Pre-10 Delivery <input type="checkbox"/> Double deck		<b>ORIGIN TERMINAL (name, address, country)</b> ERF - DHL FREIGHT GMBH BEI DEN FROSCHÄCKERN 7  DE-99098 ERFURT TEL: FAX: E-MAIL:	
<b>COLLECTION ADDRESS</b> TALLAG SAALFELD GMBH HUETTENSTR. 21  DE-07318 SAALFELD		<b>TRANSPORT INSURANCE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No VALUE CURRENCY		<b>DESTINATION TERMINAL (name, address, country)</b> BR - DHL GLOBAL FORWARDING (ITALY) SPA VIA DEI GLADIOLI, 18  IT-70026 MODUGNO TEL: FAX: E-MAIL:	
<b>CONSIGNEE (name, address, country)</b> MAGNA PT VIA DEI CICLAMINI 4  IT-70026 MODUGNO TEL: VAT ID NR IT REF: M0176660		<b>INCO TERMS CODE</b> <b>PRODUCT CODE</b> EXW                                  ERI EKAER                                SENT  UIT Code:			
<b>DELIVERY ADDRESS</b> MAGNA PT VIA DEI CICLAMINI 4  IT-70026 MODUGNO					

QUANTITY & GOODS DESCRIPTION	GROSS WEIGHT	m3 / LDM	LWH (Cm)
2 PLZ - INDUSTRY PALLET EURO SIZE (NO POOLING) - automotive parts	998.0 kg	2.016 m3	120/80/105

DELIVERY TERMS	COD GOODS	COD FREIGHT	TOTAL VALUE	TOTAL GROSS WEIGHT	TOTAL m3 / LDM
EX WORKS				998.0 kg	2.016 m3

DAANGEROUS GOODS INFORMATION

INSTRUCTIONS  
Loading Equipment Exchange

<b>COLLECTION AT CONSIGNOR</b> DATE: TIME	<b>IMPORTANT INFORMATION</b> According to CMR, transport damages have to be noted on the transport order (POD) upon delivery of the consignment. Damages not visible externally should be notified in writing to the responsible EUROCONNECT terminal within 7 days after delivery.	<b>DELIVERY TO CONSIGNEE</b> DATE:
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<b>STAMP &amp; SIGNATURE OF CONSIGNOR</b>	MISSION 2050 <b>ZERO EMISSIONS</b> 	Via dei Ciclamini, snc - 70026 Modugno (BA) STAMP & SIGNATURE OF CONSIGNEE 25 SET 2025 "Ricevuto con riserva di verifica su qualità e quantità"
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<b>DRIVER'S SIGNATURE</b>	<b>CONSIGNEE'S NAME (in block letters)</b>
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Transport conditions apply exclusively to all consignments (www.logistics.dhl/freight).