

# Delivery Note



HOERBIGER Antriebstechnik GmbH Bernbeurener Straße 13 86956 Schongau Germany

Ship-to: 198414

HOERBIGER Antriebstechnik GmbH

Bernbeurener Straße 13 86956 Schongau Germany  
www.hoerbiger.com

Magna PT S.p.A.  
Via dei Ciclamini 4  
70026 Modugno (Bari) BA  
Italy

Delivery no.: 31122753  
Delivery date: 18.05.2026  
Sales order no: 20176011  
Customer PO no.: 550004628101  
Delivery: Complete  
Contact: Manuela Brenauer  
Telephone no.: +49 8861 2566 3724  
E-mail: manuela.brenauer@hoerbiger.com  
Net weight: 1.344,773 KG  
Gross weight: 2.151,173 KG  
No. of packages: 9  
Supplier Code.: 91000644I

**KUEHNE+NAGEL S.r.l.**  
ACCETTAZIONE MERCE

Quantità dichiarata: 7560

Quantità effettiva:

Tipo Imballaggio:

Quantità imballi: 8

Conformità alle schede d'imballo: ☒ SI ☐ NO

Data controllo: 30/05/26

Firma

18419476  
50448 u50

Forwarder: 197719 Schweitzer GmbH & Co. Internationale Spedition KG  
Carl-Benz-Strasse 23 71634 Ludwigsburg Germany

Incoterms: EXW SCHONGAU  
Mode of shipment: Truck  
Unloading Point: 14248

| Item   | Part no.     | Description                                                                                                                                                                                                                        | Net Weight | Qty. Unit |
|--------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 10     | 1012-0551-00 | SLEEVE 101.75<br>Cust. mat. no.: M0133008<br>Batch: 0022833073<br>Country of origin: DE<br>Commodity code: 87084099<br>drawing index / marker of the components:<br>M0133008 Index a<br><br>first delivery change nr. CO_25_001643 | 177,880 G  | 7.560 PC  |
| 900003 | 8000-2024-00 | TBA-520880<br>Customer Mat. no.: TBA-520880<br>Country of origin: 99<br>Commodity code: 86090090                                                                                                                                   |            | 360 PC    |
| 900004 | 8000-1878-00 | EURO PALLET (WOOD) 1200X800X140                                                                                                                                                                                                    |            | 9 PC      |

Management: Dipl.-Wirt. Ing. (FH) Thomas Englmann, Fabian Schmidt  
Registered Office: Schongau, District Court Munich, Commercial register no.: HRB 113502  
VAT identification no.: DE812063283, / Tax no.: 119/115/60277  
Deutsche Bank München, Bank code 700 700 10, Account no.: 444010300  
IBAN: DE77 7007 0010 0444 0103 00, SWIFT-BIC: DEUTDEMMXXX

## Delivery Note



Delivery no.: 31122753

| Item   | Part no.     | Description                                                                                         | Net Weight | Qty. Unit |
|--------|--------------|-----------------------------------------------------------------------------------------------------|------------|-----------|
|        |              | Customer Mat. no.: TBA-520857<br>Country of origin: 99<br>Commodity code: 84149000                  |            |           |
| 900005 | 8000-2025-00 | Inlett DCT300<br>Customer Mat. no.: TBA-501668<br>Country of origin: 99<br>Commodity code: 39231090 |            | 360 PC    |
| 900006 | 8000-1880-00 | PLASTIC LID 1200X800<br>Customer Mat. no.: TBA-520892<br>Country of origin: 99                      |            | 9 PC      |

Transfer of ownership is according to our conditions of sales and delivery which govern all our supplies and services. Please indicate Sales order no. and Customer no. on all correspondence.  
Hoerbiger's latest Terms and Conditions are applicable. They are available on the Hoerbiger website (<https://www.hoerbiger.com/en/company/corporate-governance/terms-and-conditions.html>).



seit über  
**60**  
Jahren



## CMR-Frachtbrief

Sendung-Nr.: 26-005833 vom 13.05.2026

Ludwigsburg, 20.05.2026

Seite 1 von 1

26-005833

|                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>1</b> Absender / Expéditeur<br><b>Hoerbiger Antriebstechnik GmbH</b><br><b>Werk 2</b><br><b>Martina-Hoerbiger-Str. 5</b><br><b>86956 Schongau</b>                                                                                                            |                                                                                                                  | <b>INTERNATIONALER FRACHTBRIEF</b><br><b>LETTRE DE VOITURE INTERNATIONALE</b><br><b>CMR</b><br>Diese Beförderung unterliegt trotz einer gegenseitigen Abmachung den Bestimmungen des Übereinkommens über den Beförderungsvertrag im intern. Straßengüterverkehr (CMR).<br>Cetransport est soumis, nonobstant toute clause contraire, à la Convention relative au contrat de transport international des marchandises par route (MR). |                                                                                                  |
| <b>2</b> Empfänger / Destinataire<br><b>MAGNA PT S.p.A.</b><br><b>VIA DEI CICLAMINI, 4</b><br><b>70026 MODUGNO</b><br><b>ITALIEN</b>                                                                                                                            |                                                                                                                  | <b>6</b> Frachtführer / Transporteur<br><b>SCHWEITZER GmbH &amp; Co.</b><br><b>Intern. Spedition KG</b><br><b>Carl-Benz-Straße 23</b><br><b>71634 Ludwigsburg</b><br><b>Benutzte Gen.-Nr.:</b><br><b>D-08-019-G-0158</b>                                                                                                                                                                                                             |                                                                                                  |
| <b>3</b> Auslieferungsort des Gutes / Lieu prévu pour la livraison de la marchandise<br><b>Ort / Lieu</b> <b>Modugno</b><br><b>Land / Pays</b> <b>Italien</b> <b>Zeit / Temps</b><br><b>Datum / Date</b> <b>21.05.2026</b>                                      |                                                                                                                  | <b>7</b> Nachfolgender Frachtführer / Transporteurs successifs<br><b>Benutzte Gen.-Nr.:</b>                                                                                                                                                                                                                                                                                                                                          |                                                                                                  |
| <b>4</b> Ort und Tag der Übernahme / Lieu et date de la prise en charge de la marchandise<br><b>Ort / Lieu</b> <b>Schongau</b><br><b>Land / Pays</b> <b>Deutschland</b> <b>Zeit / Temps</b><br><b>Datum / Date</b> <b>18.05.2026</b> <b>08:00 bis 16.00 Uhr</b> |                                                                                                                  | <b>8</b> Vorbehalte und Bemerkungen des Frachtführers /<br>Réserves et observations des transporteurs                                                                                                                                                                                                                                                                                                                                |                                                                                                  |
| <b>5</b> Beigefügte Dokumente / Documents annexes                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
| <b>9</b> Pos. No.                                                                                                                                                                                                                                               | <b>10</b> Zeichen/Nr. Marques et numéros<br><b>1 31122718-31122724</b><br><b>2 31122752</b><br><b>3 31122753</b> | <b>11</b> Anzahl der LM<br>Nombre des colis<br><b>4</b><br><b>10</b><br><b>9</b>                                                                                                                                                                                                                                                                                                                                                     | <b>12</b> Art der Verpackung<br>Mode d'emballage<br><b>COLLI</b><br><b>COLLI</b><br><b>COLLI</b> |
|                                                                                                                                                                                                                                                                 |                                                                                                                  | <b>13</b> Bezeichnung des Gutes<br>Nature de la marchandise<br><b>Getriebeteile</b>                                                                                                                                                                                                                                                                                                                                                  | <b>14</b> Gewicht, kg<br>Poids, kg<br><b>5.532</b>                                               |
|                                                                                                                                                                                                                                                                 |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>15</b> Umfang<br>cbm<br><b>37,70</b>                                                          |
| <b>Summe:</b><br><b>Total:</b>                                                                                                                                                                                                                                  |                                                                                                                  | <b>23,00 COLLI</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5.532,00</b>                                                                                  |
| <b>16</b> Anweisungen des Absenders                                                                                                                                                                                                                             |                                                                                                                  | <b>17</b> Angaben zur Ermittlung der Tarifkilometer mit Grenzübergängen<br>von bis km                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |
| <b>18</b> Frachtzahlungsanweisung / Prescription d'affranchissement<br><b>WO-Auftrag, AG=Son2</b>                                                                                                                                                               |                                                                                                                  | <b>21</b> Besondere Vereinbarungen / Conventions particulières<br><br><b>Übernahmebestätigung des Fahrers: Die Sendung wurde vollständig und in äußerlich guter Beschaffenheit übernommen. Die Ladungssicherung ist gemäß der gesetzlichen Vorgaben durch den Fahrer erfolgt.</b>                                                                                                                                                    |                                                                                                  |
| <b>19</b> Kfz Amtliches Kennzeichen Nutzlast in t<br>Anhängel<br>Fahrer                                                                                                                                                                                         |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |
| <b>22</b> Benutzter Grenzübergang                                                                                                                                                                                                                               |                                                                                                                  | <b>27</b> Gut 26-005833 empfangen am<br>Réception des marchandises le<br><b>29.05.2026</b><br><b>1-70026 Modugno</b><br><b>29.05.2026</b><br><b>Modugno (BA)</b>                                                                                                                                                                                                                                                                     |                                                                                                  |
| <b>20</b><br><b>D-86956 Schongau</b><br><br>Unterschrift und Stempel des Absenders<br>Signature et timbre l'expéditeur                                                                                                                                          | <b>23</b><br><br>Unterschrift und Stempel des Frachtführers<br>Signature et timbre du transporteur               | <b>28</b> Unterschrift und Stempel des Empfängers<br>Signature et timbre de destinataire                                                                                                                                                                                                                                                                                                                                             |                                                                                                  |

SCHWEITZER GmbH & Co. Intern. Spedition KG  
Carl-Benz-Straße 23  
71634 Ludwigsburg  
Telefon (0 71 41) 24 51-0  
Telefax (0 71 41) 24 51-22

Geschäftsführer: Ingrid Schweitzer, Friedrich Schweitzer,  
Axel Schweitzer, Jens Schweitzer  
Amtsgericht: Ludwigsburg  
Handelsregister: Stuttgart HRA 200856  
Internet: www.schweitzer-spedition.de

COMMERZBANK  
Konto: 0501540600  
BLZ: 604 800 08  
IBAN: DE13 6048 0008 0501 5406 00  
SWIFT: DRESDEFF604

|                                                                                                                                                                                                                                                   |                                                                                                             |                                    |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------|
| <b>SUPPLIER CHANGE / DEVIATION REQUEST (SRMA)</b>                                                                                                                                                                                                 |                                                                                                             | <b>MAGNA</b>                       |                                                        |
| Änderungsantrag Prozess / Process Change Request                                                                                                                                                                                                  |                                                                                                             | Supplier reference no: 25-00720    | SRMA                                                   |
| Änderungsnummer / Change No. CO_25_001643 CR_25_00720                                                                                                                                                                                             |                                                                                                             | Issue Date:<br>Ausgestellt am:     |                                                        |
| Supplier and Product Information                                                                                                                                                                                                                  | SUPPLIER NAME & LOCATION & SITE CODE<br>Hoerbiger Antriebstechnik GmbH, Schongau                            |                                    |                                                        |
|                                                                                                                                                                                                                                                   | PART NAME AND PART NUMBER OF ASSEMBLY AND ITS COMPONENTS<br>M0132988, M0133008 (1012-0554-00, 1012-0551-00) |                                    |                                                        |
|                                                                                                                                                                                                                                                   | AFFECTED MAGNA PRODUCTS or PROGRAMS:<br>DCT300, DCT400                                                      |                                    |                                                        |
|                                                                                                                                                                                                                                                   | Description of reason for SRMA                                                                              |                                    |                                                        |
| Detailed description of Request                                                                                                                                                                                                                   | Manufacturing Process affected? (also Tier X change?)<br>NO                                                 |                                    | Heat Treat Process affected?<br>NO                     |
|                                                                                                                                                                                                                                                   | Product Design: Design Change requested by Supplier<br>NO                                                   |                                    | Material affected?<br>NO                               |
|                                                                                                                                                                                                                                                   | DEVIATION Request to ship non-conforming parts to MAGNA                                                     |                                    | NO                                                     |
|                                                                                                                                                                                                                                                   | Site/location change: INDICATE TYPE OF SITE/LOCATION CHANGE                                                 |                                    | NO                                                     |
|                                                                                                                                                                                                                                                   | SITE CHANGE OF TIER 1 OR OF MAGNA-DIRECTED SUB SUPPLIER                                                     |                                    | NO                                                     |
|                                                                                                                                                                                                                                                   | SITE CHANGE OF SHIP POINT                                                                                   |                                    | NO                                                     |
|                                                                                                                                                                                                                                                   | SITE CHANGE OF NON MAGNA-DIRECTED SUB SUPPLIERS                                                             |                                    | NO                                                     |
|                                                                                                                                                                                                                                                   | SUB-SUPPLIER or MAGNA-DIRECTED SUB SUPPLIER Change Request?                                                 |                                    | NO                                                     |
|                                                                                                                                                                                                                                                   | Description of intended Change (details see attachment)                                                     |                                    | AFFECTED MAGNA TS PLANT(S)                             |
|                                                                                                                                                                                                                                                   | Increase number of potential raw material supplier for forged raw part (DongYang) from currently 1 to 4     |                                    |                                                        |
| Purpose of Change<br>Price reduction forged part<br>Second source to secure supply chain                                                                                                                                                          |                                                                                                             | Magna Neuenstein, Bari, Kechnec    |                                                        |
| Implementation Plan with direction/approval by SQD                                                                                                                                                                                                |                                                                                                             |                                    |                                                        |
| Implementation Plan, applicable to all type of requests                                                                                                                                                                                           | Action Type                                                                                                 | Responsible                        | Required?                                              |
|                                                                                                                                                                                                                                                   | MAGNA Testing                                                                                               |                                    | NO                                                     |
|                                                                                                                                                                                                                                                   | Supplier DV Test(s)                                                                                         |                                    | NO                                                     |
|                                                                                                                                                                                                                                                   | PPAP Submission Level (directed by SQD)                                                                     |                                    | NONE                                                   |
|                                                                                                                                                                                                                                                   | Functional Check a MAGNA Plant required                                                                     |                                    | NO                                                     |
| Effect on Transmission Attributes                                                                                                                                                                                                                 |                                                                                                             |                                    |                                                        |
| Effect on Transmission Attributes                                                                                                                                                                                                                 | Attribute                                                                                                   | Affected?                          | Explanation if yes                                     |
|                                                                                                                                                                                                                                                   | Weight                                                                                                      | NO                                 |                                                        |
|                                                                                                                                                                                                                                                   | Efficiency                                                                                                  | NO                                 |                                                        |
| All items listed above must be reviewed and implementation of alteration must be approved by MAGNA TS SQD. (Default: YES / Level 3)                                                                                                               |                                                                                                             |                                    |                                                        |
| I affirm that the above and any attached information fully describe the proposed alteration and the request will not have any negative impact on agreed piece price.                                                                              |                                                                                                             |                                    |                                                        |
| Caution! SRMA Approval is not a release for delivery! PPAP is mandatory. Please contact your SQD counterpart to define scope of sampling. Per MAGNA Supplier Quality Manual (MPT-GL-07-VR-004 Chapter 2.5) a Level 3 PPAP is general requirement. |                                                                                                             |                                    |                                                        |
| Name<br>Nadine Niggel                                                                                                                                                                                                                             |                                                                                                             | Title / Position<br>Projectmanager | Phone<br>e-mail<br>nadine.niggel@hoerbiger.com         |
| Signature (Supplier)<br>Niggel Nadine<br>Digital unterschrieben von Niggel Nadine<br>Datum: 2025.02.13 06:51:31 +01'00'                                                                                                                           |                                                                                                             | Proposed Implementation date:      | Tier 1 approval of sub tier change request             |
| MAGNA Purchasing Approval – Including any attachments of qualifying conditions!                                                                                                                                                                   |                                                                                                             |                                    |                                                        |
| (Fill in handwriting "Approved" or "Rejected")<br>Approved                                                                                                                                                                                        |                                                                                                             |                                    |                                                        |
| Name:<br>Sven Becker                                                                                                                                                                                                                              |                                                                                                             | Signature:<br>Sven Becker          | Date:<br>Signed on 13-Jun-2025   11:02:39 (GMT + 1:00) |

## Part Submission Warrant for Suppliers



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------|
| Part Name <u>Sleeve</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                             | Cust. Part Number <u>M0133008</u>                                                        |
| Shown on Drawing No. <u>M0133008</u> ✓                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             | Org. Part Number <u>S0508742200</u> Index AE / Material 1012-0551-00                     |
| Engineering Change Level <u>3</u> ✓                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             | Dated <u>13. Mai 24</u> ✓                                                                |
| Additional Engineering Changes _____                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             | Dated _____                                                                              |
| Safety and/or Government Regulation <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                         | Purchase Order No. <u>n.a.</u>              | Weight (kg) <u>0,1717</u> ✓                                                              |
| Checking Aid No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                               | Checking Aid Engineering Change Level _____ | Dated _____                                                                              |
| <b>ORGANIZATION MANUFACTURING INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             | <b>CUSTOMER SUBMITTAL INFORMATION</b>                                                    |
| <u>Hoerbiger Antriebstechnik GmbH / 38-805-4322</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             | <u>Magna PT B.V. &amp; Co KG, Hermann-Hagenmeyer-Straße 1, 74832 Neuenstein, Germany</u> |
| Organization Name & Supplier/Vendor Code                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | Customer Name/Plant                                                                      |
| <u>Martina Hörbiger Straße 5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             | <u>Mr. Sven Becker</u>                                                                   |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             | Buyer/Buyer Code                                                                         |
| <u>Schongau</u> <u>Bayern</u> <u>86956</u> <u>Germany</u>                                                                                                                                                                                                                                                                                                                                                                                                            | <u>DCT300 / 400</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 type="checkbox"/> No <input checked="" type="checkbox"/> n/a                                                                                                                                                                                                                                                                                              |                                             |                                                                                          |
| Submitted by IMDS/CAMDS or <u>1074872619/1</u><br>other customer format: _____                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                                                          |
| Are polymeric parts identified with appropriate ISO marking codes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a                                                                                                                                                                                                                                                                                                  |                                             |                                                                                          |
| <b>REASON FOR SUBMISSION (Check at least one)</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                          |
| <input type="checkbox"/> Initial Submission <input type="checkbox"/> Tooling Inactive > than 1 year <input type="checkbox"/> Parts Produced at Additional Location                                                                                                                                                                                                                                                                                                   |                                             |                                                                                          |
| <input type="checkbox"/> Engineering Change(s) <input type="checkbox"/> Change to Optional Construction or Material <input type="checkbox"/> Capacity Increase (OEE required)                                                                                                                                                                                                                                                                                        |                                             |                                                                                          |
| <input type="checkbox"/> Tooling: Transfer, Replacement, Refurbishment, or additional <input checked="" type="checkbox"/> Supplier or Material Source Change <input type="checkbox"/> Other - please specify below                                                                                                                                                                                                                                                   |                                             |                                                                                          |
| <input type="checkbox"/> Correction of Discrepancy <input type="checkbox"/> Change in Part Processing                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                                                          |
| SRMA No. if applicable: <u>CO_25_001643 CR_25_00720</u> ✓                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                                                          |
| <b>REQUESTED SUBMISSION LEVEL (Check one)</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                                                                          |
| <input checked="" 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 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 checked="" type="checkbox"/> dimensional measurements <input type="checkbox"/> material and functional tests <input type="checkbox"/> statistical process package <input type="checkbox"/> OEE <input type="checkbox"/> appearance criteria                                                                                                                                                                                                   |                                             |                                                                                          |
| These results meet all drawing and specification requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" - Explanation Required)                                                                                                                                                                                                                                                                                                             |                                             |                                                                                          |
| Mold / Cavity / Production Process <u>2026_029</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                                                                          |
| <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 <u>701 / 8</u> 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 _____ day capacity including the complete supply chain available for a max. CPV; _____ with a Shift pattern: max. _____ shifts/week _____ h/shift and min. _____ week/year. I have noted any deviations from the Capacity Requirements below.                                                                                                                                                                                             |                                             |                                                                                          |
| EXPLANATION/COMMENTS: <u>CO_25_001643 CR_25_00720 → new material supplier</u> ✓                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                                          |
| Is each Customer Tool properly tagged and numbered? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> n/a Tool Order _____                                                                                                                                                                                                                                                                                                |                                             |                                                                                          |
| Organization Authorized Signature <u><i>Felix Lindauer</i></u><br>Digital unterschrieben von Felix Lindauer<br>Datum: 2026.05.08 12:47:32 +02'00'                                                                                                                                                                                                                                                                                                                    |                                             | Date <u>28. Apr 26</u>                                                                   |
| Print Name <u>Felix Lindauer</u>                                                                                                                                                                                                                                                                                                                                                                                                                                     | Phone No. <u>+49 8861 210 3075</u>          | Fax No. <u>-3411</u>                                                                     |
| Title <u>Quality</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E-mail <u>felix.lindauer@hoerbiger.com</u>  |                                                                                          |
| <b>FOR CUSTOMER USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |                                                                                          |
| PPAP Warrant Status <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Interim Accepted                                                                                                                                                                                                                                                                                                                         |                                             |                                                                                          |
| for Interim approval a Deviation or MD No. is necessary when deviations to specification and/or Contract are identified Management Deviation Request or special authorization as No: _____                                                                                                                                                                                                                                                                           |                                             |                                                                                          |
| Comments <u>PSW-approval is valid for MAGNA plant Neuenstein and Bari, first delivery Cleanpoint is required</u>                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                                                          |
| Customer Signature <u><i>Dieter Jäger</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             | Date <u>20260511_DJ</u>                                                                  |
| Print Name <u>Dieter Jäger N/QT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                  | Customer Tracking Number (optional) _____   |                                                                                          |

Based on CPO-1001 PPAP Version 4

MSD006876

Valid from: 2024-06-03

Security Class: Low (Internal)  
Reference: MSD000305Retention: MNQT01  
Final Storage Location: SQD