

Role of the applicant		
Based on Article 15, EU Data Protection Regulation, I request to inspect my personal information, saved in your stated registries.		
<input type="checkbox"/> Employee <input type="checkbox"/> Former employee <input type="checkbox"/> Job seeker <input type="checkbox"/> Service provider <input type="checkbox"/> Consult <input type="checkbox"/> Customer <input type="checkbox"/> Aviation-student <input type="checkbox"/> Other: _____	<input type="checkbox"/> Patria Oyj <input type="checkbox"/> Aviation <input type="checkbox"/> Pilot Training <input type="checkbox"/> Systems <input type="checkbox"/> Aerostructures <input type="checkbox"/> Land <input type="checkbox"/> ISP <input type="checkbox"/> Milworks LCM <input type="checkbox"/> Patria Helicopters AB <input type="checkbox"/> BEC <input type="checkbox"/> Other: _____	<input type="checkbox"/> Recruitment <input type="checkbox"/> Student application <input type="checkbox"/> Training <input type="checkbox"/> Marketing and sales <input type="checkbox"/> Projects <input type="checkbox"/> Human Resources <input type="checkbox"/> ICT-services <input type="checkbox"/> Visitations <input type="checkbox"/> Other: _____
<input type="checkbox"/> I would like to inspect personal data information over the period of: _____ Purpose of inspection: _____ <input type="checkbox"/> I will collect the information personally. <input type="checkbox"/> Delivered by registered letter		
Applicant Contact Details (for identification)		
First- and last name: _____		
Identification: <input type="checkbox"/> Passport <input type="checkbox"/> ID-Card <input type="checkbox"/> Driving license National identification number: _____		
Address (Where to deliver the information) _____ _____		
Other contact information (For extra information) <input type="checkbox"/> Phone: _____ <input type="checkbox"/> E-mail: _____		
Date, applicant's signature		
Place and date: _____		
Applicant's signature: _____		
The addressee of the request and controller's measures		
<input type="checkbox"/> The request for an inspection received, date and signature: _____ <input type="checkbox"/> The information has been sent to the applicant by mail, date: _____ <input type="checkbox"/> The information was provided personally to the applicant, date: _____ <input type="checkbox"/> The request for an inspection has been fully denied <input type="checkbox"/> The request for an inspection has been partly denied  _____ General grounds for refusal:  _____ <input type="checkbox"/> There is no personal data information about applicant in the registry. Applicant has received the information, date: _____  You have a right to send the refusal to be accounted by the local data protection agency		
Date, Originator's signature and print name		
_____ _____		