

| 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<br><input type="checkbox"/> Former employee<br><input type="checkbox"/> Job seeker<br><input type="checkbox"/> Service provider<br><input type="checkbox"/> Consult<br><input type="checkbox"/> Customer<br><input type="checkbox"/> Aviation-student<br><input type="checkbox"/> Other: _____  | <input type="checkbox"/> Patria Oyj<br><input type="checkbox"/> Aviation<br><input type="checkbox"/> Pilot Training<br><input type="checkbox"/> Systems<br><input type="checkbox"/> Aerostructures<br><input type="checkbox"/> Land Systems<br><input type="checkbox"/> Land Services<br><input type="checkbox"/> Milrem LCM<br><input type="checkbox"/> Patria Helicopters AB<br><input type="checkbox"/> Patria Helicopters AS<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Recruitment<br><input type="checkbox"/> Student application<br><input type="checkbox"/> Training<br><input type="checkbox"/> Marketing and sales<br><input type="checkbox"/> Projects<br><input type="checkbox"/> Human Resources<br><input type="checkbox"/> ICT-services<br><input type="checkbox"/> Visitations<br><input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I would like to inspect personal data information over the period of: : _____<br>Purpose of inspection: _____<br><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:<br><input type="checkbox"/> Passport <input type="checkbox"/> ID-Card <input type="checkbox"/> Driving license National identification number: _____  |   |  |
| Address (Where to deliver the information)<br>_____<br>_____  |   |  |
| Other contact information (For extra information)<br><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: _____<br><input type="checkbox"/> The information has been sent to the applicant by mail, date: _____<br><input type="checkbox"/> The information was provided personally to the applicant, date: _____<br><input type="checkbox"/> The request for an inspection has been fully denied<br><input type="checkbox"/> The request for an inspection has been partly denied<br><br>_____<br>General grounds for refusal:<br>_____<br>_____<br><input type="checkbox"/> There is no personal data information about applicant in the registry. Applicant has received the information, date: _____<br><br>You have a right to send the refusal to be accounted by the local data protection agency |   |  |
| Date, Originator's signature and print name   |   |  |
| _____<br>_____  |   |  |