OBJECTION



PERSONAL DETAILS OF CUSTOMER SUBMITTING THE OBJECTION

Name	Personal identity code
Phone	
Street	
Postcode and city	
MATTER ON WHICH YOU WISH TO S	SUBMIT YOUR OBJECTION
Date, place	Signature
	Name (printed)

Please print out, sign and post to the following address:

Finnish Student Health Service Medical Director Töölönkatu 37 A 00260 Helsinki