

DATA OWNER APPLICATION FORM

1. Application Method

When submitting your requests within the scope of your rights enumerated in Article 11 of the Law on the Protection of Personal Data No.6698 ("**Law**"), in accordance with Article 13 of the Law and Article 5 of the Communique on The Principles and Procedures for The Request to Data Controller, to our Company by one of the methods specified in the **Clarification Text** You can use this form.

2. Your Identity and Contact Information

Please fill in the fields below so that we can contact you and verify your identity.

| | | |
|--|---|--|
| Name, Surname | : | |
| T.R. Identification Number / Passport Number or Identification Number for Citizens of Other Countries | : | |
| Settlement Address / Workplace Address for Notification | : | |
| Mobile Phone Number | : | |
| Phone Number | : | |
| E-mail Address | : | |

3. Your Relationship with Our Company

| | | | | |
|---------------------------------------|-------------------------------------|--------------------------|--------|--------------------------|
| Your Relationship with Our Company | Customer / Customer Employee: | <input type="checkbox"/> | Staff: | <input type="checkbox"/> |
| | Supplier / Business Partner: | <input type="checkbox"/> | Other: | <input type="checkbox"/> |

4. Demand

We request you to clearly write your request regarding your personal data below. Information and documents related to the subject must be attached to the application.

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5. Choose the Method of Notifying You of the Response

I want the reply to be sent to my postal address that I provided in the second part.

I want the reply to be sent to my e-mail address provided in the second part.

In line with the requests I have stated above, I request that my application to your company be evaluated in accordance with Article 13 of the Law and to be informed.

I hereby declare and undertake that the information and documents I have provided to you in this application are correct and up-to-date, that your company may request additional information in order to finalize my application, and that I may be required to pay the fee determined by the Personal Data Protection Board if it requires a cost.

Relevant Applicant Person (Data Owner)

Name, Surname :
Application Date :
Signature :