

KVKK (Personal Data Protection Law)
Individual Application Form

A. Applicant's Details

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| Name Surname | : | |
| TR ID No | : | |
| Phone | : | |
| E-mail | : | |
| Address | : | |
| Please specify your relation with our Company (Customer, business partner, employee candidate, third party company employee, shareholder, etc.) | : | |

B. Information About the Selection of the Right to be Used by the Personal Data Owner

(Please tick the box(s) next to the wording appropriate to your request.)

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| <input type="checkbox"/> | I want to know if your company processes personal data about me. |
| <input type="checkbox"/> | If your company processes personal data about me, I request information about these data processing activities. |
| <input type="checkbox"/> | If your company processes personal data about me, I would like to learn the purpose of processing and whether they are used in accordance with the purpose of processing. |
| <input type="checkbox"/> | If my personal data is transferred to third parties at home or abroad, I would like to know these third parties. |
| <input type="checkbox"/> | I think that my personal data is incomplete or incorrectly processed and I want them corrected. |
| <input type="checkbox"/> | Although my personal data has been processed in accordance with the provisions of the law and other relevant laws, I want my personal data to be deleted. |
| <input type="checkbox"/> | I want my personal data, which I think is incomplete and wrongly processed, to be corrected by the third parties to whom it was transferred. |
| <input type="checkbox"/> | I want my personal data, which I requested to be deleted, to be deleted by the transferred third parties. |
| <input type="checkbox"/> | I believe that my personal data processed by your company is analyzed exclusively through automated systems and as a result of this analysis, there is a negative outcome for me. I object to this conclusion. |

C. Explanation About the Request (Please specify your request under the KVKK Law and the personal data subject to your request in detail.)

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D. Annexes (Please indicate if there is any document you want to support your application)

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E. Please Select the Method of Notifying You of the Response to Your Application

- Please send to my address.
- Please send to my e-mail address (In case you select the e-mail option, we will be able to respond faster.)
- I would like to receive by hand (In case of a proxy, please provide a notary certified power of attorney or letter of authorization)

F. Applicant's Declaration

This application form has been prepared in order to determine your relationship with our Company and to fully determine your personal data processed by our Company, if any, in order to respond to your relevant application accurately and within the legal time limit. In order to eliminate the legal risks that may arise from illegal and unfair data sharing and to ensure the security of your personal data, our Company reserves the right to request additional documents and information (copy of identity card or driver's license, etc.) for identification and authorization. In the event that the information regarding your requests you submit within the scope of the form is not correct and up-to-date, or an unauthorized application is made, our Company does not accept any liability for such wrong information or requests arising from unauthorized applications. All responsibility arising from unlawful, misleading or false applications lies with you.

Personal Data Owner / Proxy¹

Name Surname :

Application Date :

Signature :

¹ If you are applying on behalf of someone else, please send the documents showing that you are authorized to apply (such as a document showing that you are the parent/guardian of the personal data owner, power of attorney) in the annex of the application. In order for these documents to be considered valid, they must be issued or approved by the competent authorities.