

DATA SUBJECT APPLICATION FORM

(Personal Data Protection Law – KVKK / TS ISO/IEC 27701)

This form has been prepared in accordance with Article 11 of the Personal Data Protection Law No. 6698 and TS ISO/IEC 27701; to enable data subjects to object to the processing of their personal data, request information, and exercise their rights.

1. DATA CONTROLLER INFORMATION

- Company Name:
 - Address:
 - E-mail:
 - KEP (if available):
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2. DATA SUBJECT (APPLICANT) INFORMATION

Full Name

National ID No.

Phone

E-mail

Address

Relationship with Company Employee Former Employee Candidate Customer User Other:

3. SUBJECT OF APPLICATION

Please indicate which of the following rights you wish to exercise:

- To learn whether my personal data is being processed
- To learn the purposes for which my personal data is processed
- To object to the processing of my personal data

- To learn the third parties to whom my personal data has been transferred domestically / abroad
 - To request correction of my personal data if it has been processed incompletely or inaccurately
 - To request deletion or destruction of my personal data
 - To request anonymization of my personal data
 - To object to a decision arising against me as a result of analysis of processed data exclusively through automated systems
 - To request compensation for damages if I have suffered loss due to unlawful processing
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4. OBJECTION / REQUEST DESCRIPTION

(Please clearly and in detail specify the matter you are objecting to or requesting.)

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5. PERSONAL DATA SUBJECT TO APPLICATION

(Please indicate the types of personal data that are the subject of the objection or request.)

- Identity Information Contact Information Customer / User Information Employee Information Health Information Financial Information Other:

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6. PREFERRED RESPONSE METHOD

I request that the response to my application be delivered to me through one of the following methods:

- E-mail Physical mail KEP Hand delivery
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7. DECLARATION

I declare that the information I have shared within the scope of this form is accurate and up-to-date, and I accept that identity verification may be performed in order to process my application.

I acknowledge that my application will be responded to within 30 (thirty) days at the latest under KVKK.

Applicant Full Name:

Date: ... / ... / 20...

Signature:

8. TO BE COMPLETED BY THE DATA CONTROLLER

Application No.

Application Date

Response Date

Result Accepted Partially Accepted Rejected

Explanation