

## DATA SUBJECT APPLICATION FORM

### DATA SUBJECT CONTACT DETAILS:

#### 1.1. For Citizens of the Republic of Turkey:

Name:

Surname:

TR ID Number:

Phone and Fax Number:

E-mail:

*(We can respond more rapidly, if you provide this information)*

Residential or Business Address:

#### 1.2. For Foreigners:

Name:

Surname:

Nationality:

Passport Number/ID Number

Phone and Fax Number:

E-mail:

*(We can respond more rapidly, if you provide this information)*

Residential or Business Address:

**2. Please describe your affiliation with Our Company.** *(e.g. Customer, business partner, job applicant, former employee, third party company employee, shareholder)*

Customer

Business partner

Visitor

Other: \_\_\_\_\_

The Function you have contacted in Our Company: \_\_\_\_\_

Subject: \_\_\_\_\_

I am a Former Employee

I sent my job application/shared my CV

Years I worked: \_\_\_\_\_

Date: \_\_\_\_\_

Other: \_\_\_\_\_

I am a Third Party Company Employee

*Please describe the details of the company and position you are working for*

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**C. Please detail your request under the PDP Law:**

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**D. Please choose the method to receive our response to your application:**

Please send to my postal address.

Please send to my e-mail address.  
*(We can respond faster if you choose e-mail option)*

I would like to receive in person. *(If another person will receive by hand, they are required to present a notarized power of attorney or certificate of authority.)*

This application form has been issued to determine your affiliation with Our Company and to completely define any personal data processed by Our Company for the purposes of responding to your application properly and within the legal period. The Company reserves its right to request for additional documents and information for identification and authorization (e.g. a copy of your ID card or driving license), in order to eliminate legal risks arising from data sharing and in particular to ensure the security of your personal data. Our Company declines any responsibility in the event that the information related to your requests submitted within the scope of the form is not accurate and not up to date or the application is not made by an authorized person.

**Applicant (Personal Data Subject)**

**Name - Surname:**

**Date for application:**

**Signature:**