Personal Data Information and Processing Request Form

The Law No. 6698 on the Protection of Personal Data ("PDP Law") grants personal data subjects (hereinafter referred to as "Applicant"), who are defined as data subjects, the right to make certain requests regarding the processing of their personal data under Article 11 of the PDP Law.

Pursuant to the first paragraph of Article 13 of the PDP Law; Applications to be made to our Company, which is the data controller, Regarding theserights must be submitted to us in writing or by other methods determined by the Personal Data Protection Board ("Board")

Within this framework, "written" submissions to our Company Applications, by printing out this form;

Fill ut this form clearly and completely, print it out and send it with wet signature to Remed Etikhat by mail to Maslak, Büyükdere Cad. Nº 237/316 Noramin İş Merkezi Sarıyer 34398 İstanbul Türkiye address,

- **By personal application of the applicant,**
- **Through a notary public,**
- **It will be signed by the applicant with the "secure "electronic signature" defined in the Electronic Signature Law No. 5070 and sent to the e-mail addressremed@hs03.kep.tr,which is the registered kep address of our organization. Your applications submitted to us will be responded within thirty days from the date of receipt of your request, depending on the nature of the request, in accordance with paragraph 2 of Article 13 of the KVK Law. Our responses will be delivered to you in writing or electronically in accordance with the provision of Article 13 of the relevant KVK Law.**

A – Contact Information of the Applicant:

Name: .....

Last Name: .....

Identity Number: .....

Telephone Number: .....

E-Mail: .....

Address: .....

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B – Please indicate your relationship with our Company.
(Customer, Business Partner, Employee candidate, Former employee, Third party company employee, shareholder, etc.)

☐ **Customer** ☐ **Business Partners** ☐ **Visitor** ☐ **Other**

The unit you are in contact with within our company:

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Subject: .....

☐ **Former Employee** – *Years I worked:* .....

☐ **I applied for a job / I shared a resume:**
Date: .....

☐ **I am an employee of a third party company.** *Please indicate the company you work for and your position.*

C – Please specify your request in detail within the scope of the PDP Law:

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D – Please select the method by which you will be notified of our response to your application:

☐ **I want it sent to my address.**

☐ **I want it sent to my e-mail address.**
(E-mail responses will reach you faster.)

☐

I would like to receive it by hand. *(In case of delivery by proxy, a notarized power of attorney is required.)*

This application form has been issued in order to determine your relationship with our Company, to determine your personal data processed by our Company, if any, and to respond to your application correctly and within the legal period.
In order to eliminate legal risks that may arise from unlawful and unfair data sharing and especially 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 submitted within the scope of the form is not accurate and up-to-date or an unauthorized application is made, our Company does not accept any liability for the requests arising from such incorrect information or unauthorized application.

Applicant (Personal Data Subject) .....

Name Surname .....

Application Date .....

Signature .....