

A. Contact Information of Applicant:

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Name:			
Surname:			
Surname.			
TR Identification Number:			
Phone Number:			
Electronic Mail Address :			
(For applications to be			
answered via mail (KEP)			
address)			
Address:			
B. Please indicate your r	elations w	ith our company	. (Such as employee, old
employee, supplier, sub			
стргоў со, сырртог, сыс			<i>(</i> ,,)
Employee		Supplier	
Zinpioyee		Cappilor	
 Subcontractor 		Others:	
The unit you have communicat	ed within th	ne Company:	
Subject:			
Please specify in detail your re	auest unde	r I aw on Protectio	on of Personal Data no
6698 ("KVKK"):	quest unue	Law off Folectic	on or r ersonal Data no.
0098 (KVKK).			

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Revision No:-Revision Date:-

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Please choose the method of notification for receiving our reply to your request:

- I would like the reply to be delivered to my address.
- I would like the reply to be delivered to my KEP e-mail address.
- I would like to receive it by hand.

In case of receipt by proxy, it is required to have a notarized power of attorney or certificate of authorization.

This application form is drafted in order to respond to your request correctly and in due time by determining your relationship with our Company and, if any, your personal data processed by our Company in precise. Our company reserves the right to request additional document and information (Copy of Identification Card or Driver's License, etc.) for the purpose identification and authorization check, in order to eliminate the legal risks from illegal and unjust data sharing and especially ensuring the security of your personal data.

If the information you conducted within the scope of the form is not correct or up-todate or in case of an unauthorized application, our company declines any responsibility arising from the requests regarding the incorrect information or unauthorized application. You hold all the responsibility arising from illegal, misleading, or incorrect applications.

Name of Applicant (Data Owners)	:
Surname	:
Application Date	:
Signature	