**DATA SUBJECT APPLICATION FORM**

Personal Data Protection Law No. 6698 (**“KVKK**”) provides the real persons whose personal data are processed (“**Data Subject**”, “**Applicant**”) with the opportunity to file an application to data controllers pursuant to Article 13 of **KVKK**, and make claims regarding their rights stipulated in article 11 of **KVKK**.

**M.İHSAN ARSLAN VAKFI İKTİSADİ İŞLETMESİ (“VAKIF”** or **“VAKFIMIZ”**) hereby with this form, in its capacity as data controller, aim to fulfill the claims to be forwarded by the “**Applicants**” with the objective of exercising their rights under **KVKK** in accordance with Communiqué on the Principles and Procedures of Application to the Data Controller (**the** **Communiqué**) publicized in Official Gazette dated 10.03.2018, no. 30356.

Applications must be filed in Turkish language to exercise the right to file application to the data controller pursuant to article 4 of **the** **Communiqué**.

**METHOD FOR FILING APPLICATION TO VAKIF**

* **If filing written application in person:** you can deliver a hard copy print-out of the form filled out properly, containing clear description of your claim and original signature to **VAKIF** work address in person at Kızılcaşar Mah. Kızılcaşar (Küme Evleri) 4528. Sokak No:5/A Gölbaşı ANKARA
* **If filing application through Notary Public:** you can submit a hard copy print-out of the form filled out properly, containing clear description of your claim and original signature to **VAKIF** work address Notary Public to Kızılcaşar Mah. Kızılcaşar (Küme Evleri) 4528. Sokak No:5/A Gölbaşı ANKARA, with the note of “Information Request Pursuant to Personal Data Protection Law” on the envelope.
* **If filing application over registered electronic mail (KEP) address, secure signature, mobile signature or your electronic mail address which you have provided to VAKIF registered to VAKIF systems:** you can submit the application form filled out properly, containing clear description of your claim and electronic signature to **VAKIF** at [kvkk@miayasammerkezi.com](mailto:kvkk@miayasammerkezi.com) address, typing “Information Request Pursuant to Personal Data Protection Law” in the subject line.

**Applicant** claim included in the application form delivered to **VAKIF** using one of the aforementioned methods shall be concluded maximum within 30 (thirty) days upon receipt of the claim by **VAKIF**, in the shortest possible time depending on the nature of the claim per article 13, paragraph 2 of **KVKK**, and **VAKIF**’s response to the claim shall be submitted to the **Applicant** in writing or by e-mail per article 13, paragraph 3 of **KVKK**.

Claims submitted to **VAKIF** shall be concluded free of charge, and in case the response is submitted in writing, **VAKIF** shall be entitled to charge 1 TL per page for responses exceeding the first ten pages, and in case the response is submitted on a storage media such as CD, flash memory, etc., then a price that will not exceed the cost of the storage media shall be charged from the **Applicant** by **VAKIF**. In case the reason of application is arising from **VAKIF**’s fault, collected amount shall be refunded to the **Applicant**.

**Applicant**’s claim shall be either accepted by **VAKIF** or rejected, providing the reason. Application response shall be submitted to the **Applicant** either in writing or electronically. In case the claim in the application is accepted, **VAKIF** shall take necessary action.

Pursuant to the Regulation on Deleting, Destroying or Anonymization of Personal data, we would like to note that **VAKIF** is obligated to record the procedures relating to deletion, destruction or anonymization of personal data, and maintain those records for 3 years

In order for duly consideration of **Applicant** claim by **VAKIF**, facilitation of necessary research and submittal of a proper response to the **Applicant**, following information or documents or any other additional information and documents that may be reasonably requested after the application must be provided to **VAKIF** in full. In case **VAKIF** is unable to conduct necessary research due to missing or wrong information and documents, **Applicant** hereby assumes the entire responsibility.

Please fill out the mandatory information required under **the** **Communiqué** in order for evaluation of your claim.

Please select the suitable option in terms of your relationship with **VAKIF**, and state whether the relationship is currently present or not, the period of relationship if it no longer exist, and the information of the company official you have been in contact with throughout your relationship with **VAKIF** in the following space.

**VAKIF employee**

**Former employee** *(Please specify the years you have worked at* **VAKIF***.):*

**VAKIF employee candidate**

**Shareholder/Partner**

**Business partner employee** *(Please specify the name of the company and your position):*

**Potential product or service buyer**

**Intern**

**Supplier employee**

**Supplier**

**Product or service buyer**

**Patient/the relatives of the patient**

**Custodian/Guardian/Representative**

**Visitor**

**Other** *(Please specify your relationship):*

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**IV. Data Subject’s Claims**

Please indicate your claim or claims related to personal data by placing a mark (X) in the related check box below. When you make claim by marking the related box, you will need to submit the information and documents related to your claim along with this form to **VAKIF**.

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| --- | --- | --- |
| **Claim** | **Check Box** | **Required Information/Document** |
| I would like to find out whether my personal data is processed by **VAKIF** or not. |  | If there is a specific data that you believe to be processed, please specify in the box given at the bottom of this table |
| I would like to find out that purpose of data processing if my personal data is processed by **VAKIF**. |  | If there is a specific data that you wish to find out whether it was processed or not, please specify in the box given at the bottom of this table. |
| I would like to find out purpose of processing and whether such data are used for intended purpose by **VAKIF** if my personal data is processed by **VAKIF.** |  | If there is a specific data of concern, please specify in the box given at the bottom of this table. |
| I would like to find out the third parties to whom my personal data are transferred by **VAKIF**, if my personal data are transferred to any third parties in/outside the country by **VAKIF**. |  | If there is a specific data of concern, please specify in the box given at the bottom of this table. |
| I request correction of my personal data which were processed wrong/incomplete by **VAKIF**. |  | Please specify the personal data that you believe to be processed wrong or incomplete, and how you wish it to be corrected in the box given at the bottom of this table or in Form Annex, and attach the necessary documents such as a copy of your identity card, invoice, residence certificate to the form to verify your correction request. |
| I request correction of my personal data which were processed wrong/incomplete in database of the third parties to whom my data is transferred. |  | Please specify the personal data that you believe to be processed wrong or incomplete, and how you wish it to be corrected in the box given at the bottom of this table or in Form Annex, and attach the necessary documents such as a copy of your identity card, invoice, residence certificate to the form to verify your correction request. |
| I would like my personal data to be deleted/destroyed since the reasons for processing my personal data no longer exists. |  | Please specify why you believe that reason for processing no longer exists as well as the data you wish to be deleted/destroyed in the box given at the bottom of this table or in Form Annex, and enclose other information/document to support your claim, if any. |
| I would like my personal data in third party databases to be deleted/destroyed since the reasons for processing my personal data no longer exists. |  | Please specify why you believe that reason for processing no longer exists as well as the data you wish to be deleted/destroyed in the box given at the bottom of this table or in Form Annex, and enclose other information/document to support your claim, if any. |
| I believe that my personal data processed by **VAKIF** are analyzed exclusively by automated system, and believe that such analysis give rise to unfavorable consequences against me, and I would like to raise an objection against such consequence. |  | Please specify the personal data that you believe to be analyzed by automated systems and their unfavorable consequences in the box given at the bottom of this table or in Form Annex, and enclose any other information/document to support your claim, if any. |
| I claim compensation of my damages accrued due to illegal processing of my personal data. |  | Please specify why you believe that your personal data is processed illegally, the illegal processing and consequential damages accrued by you in the box given at the bottom of this table or in Form Annex. You can also enclose Personal Data Protection Board or court decisions supporting/evidencing your claim. |

Please specify the required information and the documents enclosed with the Form Annex pertaining to your claim above

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**V. Conclusion of the Application and Submittal of Application Result**

**VAKIF** shall evaluate and conclude your claim maximum within thirty days depending on the nature of your claim. Positive or negative answers to your claim can be submitted to you in writing or electronically. If you have a preference on submittal of application result in writing or by e-mail, you will need to specify your preference below along with the mailing address/e-mail address where the mail/e-mail will be sent:

|  |  |
| --- | --- |
| I would like the response for my application to be sent by e-mail. |  |
| I would like the response for my application to be sent by mail. |  |

As a rule, your claims will be concluded free of charge but in case additional costs arise in respect to your claim, amounts specified in legislation can be charged.

In case **VAKIF** needs additional information to conclude the claim or it cannot be proven that the application is filed by the data owner, you may be contacted via contact information provided in this Form or contact information present in **VAKIF** database.

**VI. Statement**

I hereby request evaluation and conclusion of the application filed pursuant to KVKK in accordance with the claims I specified in this Application Form.

**Data Subject**

**Name Surname :**

**Application Date :**

**Signature :**