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|  | **APPLICATION FORM FOR DATA SUBJECT** | **Document No** |  |
| **Issue Date** |  |
| **Revision No** |  |
| **Revision Date** |  |
| **Page** |  |

1. **Method of Application**

Your requests within the scope of your rights as stipulated in Article 11 of Personal Data Protection Law No. 6698 (“**Law**”) may be submitted through this form and via any of the below-stated methods, in accordance with Article 13 of the said Law as well as Article 5 of the “Communiqué on the Procedures and Principles of Application to the Data Controller”.

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|  | **METHOD OF APPLICATION** | **APPLICATION ADDRESS** | **INFORMATION TO BE CITED IN THE APPLICATION** |
| **Written Application** | Personal application with original signature or  application through a notary | Anadolu Cad. No:41 Megapol Tower K:19 Bayraklı, Izmir | The envelope/notice shall be marked with a phrase “Request for Information under the Personal Data Protection Law”. |
| **Application Through Registered Electronic Mail** | Through registered e-mail | gedizepsas@hs02.kep.tr | The phrase “Request for Information under the Personal Data Protection Law” shall be specified in the subject field of e-mail. |
| **Application Through Electronic Mail Address Registered in Our System** | Through your e-mail address registered in our Company’s system | kvk.gediz@aydemenerji.com.tr | The phrase “Request for Information under the Personal Data Protection Law” shall be specified in the subject field of e-mail. |
| **Application Through Electronic Mail Address Not Registered in Our System** | Through your e-mail address not registered in our Company’s system, with a mobile signature/e-signature | kvk.gediz@aydemenerji.com.tr | The phrase “Request for Information under the Personal Data Protection Law” shall be specified in the subject field of e-mail. |

1. **Your Identity and Contact Details**

Please complete the required fields below to allow us to contact you to verify your identity.

|  |  |  |
| --- | --- | --- |
| Full Name | : |  |
| Turkish ID Number /  Passport Number or Identification Number for Foreign Nationals | : |  |
| Residential or Work Address for Notifications | : |  |
| Mobile Phone | : |  |
| Phone Number | : |  |
| Fax Number | : |  |
| E-mail | : |  |

1. **Your Relationship with our Company**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your Status | : | Customer |  | Former Employee |  |
| Employee |  | Other |  |

1. **Subject-Matter of Request**

|  |
| --- |
| Please specify your request concerning your personal data in a concise manner within the space provided below. All information and documents relating to the application must be added to the application file. |
|  |

1. **Please Choose The Method of Response to Your Request**

I would like the reply to be sent to the postal address provided by me in section 2.

I would like the reply to be sent to the email address provided by me in section 2.

I would like the reply to be sent to the fax number provided by me in section 2.

Accordingly, I kindly request that my application submitted to your Company be duly evaluated in strict compliance with Article 13 of the Law.

I hereby declare and acknowledge that the information and documents furnished within this application are accurate and current, that your Company reserves the right to request for additional information for the purpose of handling my application, and that I am aware of that fact that a specific fee, as stipulated by the Personal Data Protection Board, may be charged if an additional cost arises.

**Applicant Data Subject**

**Full Name :**

**Application Date :**

**Signature :**