

**DATA SUBJECT APPLICATION FORM FOR  
APPLICATIONS TO BE MADE BY THE PERSONAL  
DATA OWNER TO THE DATA CONTROLLER**

**INFORMATION OF THE APPLICANT**

The following information must be provided in order for us to identify the "applicant" regarding your application and to make the necessary investigations within our workplace according to the nature of your request and to respond to you.

Your contact information specified below is requested in order to obtain more detailed information about your application, to inform you about our review processes and to inform you about the results of your application.

**Name Surname** : **TR Identity Number** :  
**Date of Birth** : **Cell Phone** :  
**Email (if available)** :  
**Address** :

In order to ensure the security of your personal data, within seven (7) days from the date of receipt of your application for obtaining information, our Company may contact you to confirm that you are the data subject and may request some information and documents from you in this regard.

In case the requested information and documents are incomplete, the information and documents will need to be completed and submitted to us upon our request. The thirty (30) day period specified in Article 13/2 of the Law regarding the finalization of the request will be suspended until the information and documents are fully transmitted to us.

**Please indicate your relationship with our company** (e.g. customer, business partner, employee candidate, former employee, third party company employee, shareholder)

<input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> Former Employee Years of Employment : ..... <input type="checkbox"/> I Applied for a Job / Shared a Resume  <i>History : .....</i> <input type="checkbox"/> I am a Third Party Company Employee <i>Please provide your company and position information</i> <i>Specify</i> ..... <input type="checkbox"/> Other: .....	<b>Select the method by which you will be notified of our response to your application:</b>  <input type="checkbox"/> I want it sent to my address. <input type="checkbox"/> I want it sent to my e-mail address. <i>(We will be able to respond to you more quickly if you choose the e-mail method).</i> <input type="checkbox"/> I want to pick it up in person. <i>(In case of delivery by proxy, there must be a notarized power of attorney or authorization certificate).</i>
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**Please explain your request under the Law in detail:**

Demand No	Request Subject	Your choice
1	To learn whether your practice processes personal data about me I want to.	<input type="checkbox"/>
2	If your practice processes personal data about me, I request information about these data processing activities. <i>Article 11/1 (b) of the Law on the Protection of Personal Data</i>	<input type="checkbox"/>
3	If your practice processes personal data about me, I would like to learn the purpose of processing and whether it is used in accordance with the purpose of processing. <i>Article 11/1 (c) of the Law on the Protection of Personal Data</i>	<input type="checkbox"/>
4	If my personal data is transferred to third parties at home or abroad, I would like to know these third parties. <i>Article 11/1 (ç) of the Law on the Protection of Personal Data</i>	<input type="checkbox"/>
5	I believe that my personal data is incomplete or incorrectly processed and I want them to be corrected. <i>Please write the personal data you want to be corrected in the "Your Choice" field and send the documents showing the correct and complementary information as an attachment. (Photocopy of identity card, residence, etc.) Article 11/1 (d) of the Law on the Protection of Personal Data</i>	Data to be corrected;
6	Although my personal data has been processed in accordance with the provisions of the law and other relevant laws, I think that the reasons requiring its processing have disappeared and within this framework, my personal data; a) I request deletion. b) I request anonymization. c) I request that it be destroyed.	<i>Only one box can be checked.</i> a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/>
7	I want my personal data (Request No. 5), which I believe to be incomplete and incorrectly processed, to be corrected before the third parties to whom they are transferred. <i>Please write the personal data you want to be corrected in the "Your Choice" field and send the documents showing the correct and complementary information as an attachment. (Photocopy of identity card, residence, etc.) Article 11/1 (f) of the Law on the Protection of Personal Data</i>	Data to be corrected;
8	Although my personal data has been processed in accordance with the provisions of the law and other relevant laws, I think that the reasons for the processing of my personal data have disappeared (Request No. 6) and within this framework, I believe that the third parties to whom my personal data has been transferred ; a) I request deletion. b) I request anonymization. c) I request that it be destroyed. <i>Article 11/1(f) of the Personal Data Protection Law</i>	<i>Only one box can be checked.</i> a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/>
9	I believe that my personal data processed by your practice has been analyzed exclusively through automated systems and that as a result of this analysis, a result has arisen against me. I object to this result. <i>Please write the analysis result that you think is against you in the "Your Choice" field and send the documents supporting your objection as an attachment.</i> <i>Article 11/1 (g) of the Personal Data Protection Law</i>	Data Resulting from Analysis;
10	I have suffered damage due to unlawful processing of my personal data. I demand compensation for this damage. <i>Write the matter subject to the violation of the law in the "Your Choice" field and attach the supporting documents (Court decision, Board decision, documents showing the amount of material damage, etc.) Article 11/1 (h) of the Law on the Protection of Personal Data</i>	The Issue Subject to the Violation of the Law ;

In line with the above-mentioned requests, I kindly request that my application to your practice be evaluated in accordance with Article 13 of the Law and that I be informed.

Name and Surname of the applicant :

Signature :

Application Date :

Name and Surname of the applicant :

Signature