

AKSOY HOLDİNG A.Ş.

DATA SUBJECT

APPLICATION FORM

1. Method of Application

Pursuant to Article 11 of the Law No. 6698 on the Protection of Personal Data (the “Law”), you may submit your requests within the scope of your rights, in accordance with Article 13 of the Law and Article 5 of the Communiqué on the Procedures and Principles of Application to the Data Controller, by using this form and through one of the methods explained below, to Aksoy Holding A.Ş.

	APPLICATION METHOD	ADDRESS TO APPLY	INFORMATION TO BE INDICATED IN THE APPLICATION
Application in Writing	By personal application with wet signature or via Notary Public	Maslak Mah. Aos 55. Sk. 42 Maslak A Blok No: 2 İç Kapı No: 7 Sarıyer/İstanbul	Required Statement: The envelope/notification shall bear the statement “Information Request Within the Scope of the Law on the Protection of Personal Data.”
Application via Registered Electronic Mail (KEP)	Using a registered electronic mail (KEP) address	aksoyholding@hs01.kep.tr	The subject line of the e-mail shall state “Law on the Protection of Personal Data – Information Request.”
Application via Electronic Mail Address Registered in Our System	By using the electronic mail address registered in our Company’s system	info@aksoy.com	The subject line of the e-mail shall state “Law on the Protection of Personal Data – Information Request.”
Application via Electronic Mail Address Not Registered in Our System	By using an electronic mail address not registered in our Company’s system, provided that the e-mail includes mobile signature / electronic signature / secure electronic signature	info@aksoy.com	The subject line of the e-mail shall state “Law on the Protection of Personal Data – Information Request

2. Your Identity and Contact Information

Please complete the fields below so that we may contact you and verify your identity.

Name and Surname	:	
Turkish Republic Identity Number / Passport Number or Identification Number for Citizens of Other Countries	:	
Address of Residence for Notification / Business Address	:	
Mobile Phone	:	
Telephone Number	:	
Fax Number	:	
E-mail Address	:	

3. Your Relationship with Our Company

Your Relationship with Our Company	:	Customer	☐	Former Employee:	☐
	:	Employee:	☐	Other:	☐

4. Subject of the Request

Please clearly specify your request regarding your personal data below. Relevant information and documents related to the subject shall be attached to the application.

5. Please Select the Method for Notification of the Response

I request that the response be sent to my postal address provided in Section 2.

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I request that the response be sent to my e-mail address provided in Section 2.

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I request that the response be sent to my fax number provided in Section 2.

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In line with the requests stated above, I hereby request that my application submitted to the relevant Company be evaluated pursuant to Article 13 of the Law and that I be informed accordingly.

I hereby declare and undertake that the information and/or documents belonging to me which I have provided to you within the scope of this application are accurate and up to date; that I have not shared any personal data and/or other information belonging to third parties; that in the event this application contains information relating to third parties, I have personally obtained the necessary disclosures and/or consents; that the relevant Company may request additional documents for the purpose of identification and authorization verification in order to finalize my application and, in particular, to ensure the security of my personal data; and that I have been informed that I may be required to pay the fee determined by the Personal Data Protection Board in the event that the application requires an additional cost.

I hereby declare that, within the scope of this Application Form, I have been duly informed by the relevant Company pursuant to this Information Notice regarding my personal data that I have shared, that I have read and understood this Information Notice.

Data Subject Submitting the Application

Name and Surname :

Application Date :

Signature :