

APPLICATION FORM For Data Subject Information Request

GENERAL EXPLANATIONS

In the Personal Data Protection Law No. 6698 (“PDPL”), personal data subjects defined as the relevant person (“Hereinafter referred to as the “Applicant”),

- Obtaining detailed information about your rights regarding the protection of your personal data,
- Learning whether your personal data is processed or not,
- Requesting information if your personal data has been processed,
- Learning the purpose of processing personal data and whether it is used in accordance with this purpose,
- Learning whether personal data has been transferred; if transferred, learning the 3rd parties to whom it has been transferred,
- Requesting correction if personal data is processed incompletely or incorrectly,
- Requesting its deletion within the framework of the conditions stipulated in the legislation,
- Requesting that the correction and deletion of personal data be notified to the 3rd parties to whom it has been transferred,
- Requesting compensation for damages in the event that you suffer damage due to unlawful processing,

have been granted the right. The procedure to be followed in applications to be made to the Data Controller regarding the exercise of such right is set out below.

APPLICATION PRINCIPLES

Applications to be made by the data subject may be submitted to us by taking a printout of this form; through the Applicant’s personal application,

Via a Notary Public,

By being signed with a “secure electronic signature” as defined in the Electronic Signature Law No. 5070 and sent to our registered electronic mail address.

Below, information is provided specifically for written application channels regarding how written applications will be delivered to us. You may submit your requests within the scope of your rights listed in Article 11 of the Personal Data Protection Law No. 6698 (“Law”) to us by one of the methods explained below, pursuant to Article 13 of the Law and Article 5 of the Communiqué on the Procedures and Principles of Application to the Data Controller.

APPLICATION METHOD	ADDRESS TO APPLY	INFORMATION TO BE SPECIFIED IN THE APPLICATION
Application in Writing	Wet-signed personal application or via Notary Public	(ADDRESS AND POSTAL CODE SPECIFIED IN VERBIS REGISTRATION)
Application Using the Electronic Mail Address Available in Our System	By using your electronic mail address registered in the doctor’s system	@ tr
Application via Electronic Mail Address	By using your electronic mail address not available in the doctor’s system, including mobile signature/e-signature	@ tr

Your applications submitted to our organization will be responded to as soon as possible, but in any case within thirty days from the date your request reaches us. Our responses will be delivered to you in writing or electronically depending on your request.

YOUR IDENTITY AND CONTACT INFORMATION

Please fill in the fields below so that we can contact you and verify your identity. (If you are applying on behalf of someone else, please send, as an attachment to the application, documents proving that you are authorized to apply (such as a document showing that you are the personal data subject's parent/guardian, a power of attorney, etc.). For these documents to be accepted as valid, it is required that they be issued or approved by the competent authorities.)

Name-Surname

T.R. Identification Number / For Citizens of Other Countries

Passport Number or Identification Number

Residential Address for Notification /

Workplace Address

Mobile Phone

Phone Number

Fax Number

E-mail Address

Your Relationship With Us

Your Relationship With Us Patient/ Patient Relative

Other

Third Party/Supplier/Company Employee Employee

/Former Employee/Candidate

SUBJECT OF THE REQUEST

Please clearly write your request regarding your personal data below. Information and documents related to the subject must be attached to the application.

.....
.....
Select The Method By Which The Response Will Be Notified To You

I want it to be sent to my postal address.

I want it to be sent to my e-mail address. I want it to be sent to my fax number.

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

I declare and undertake that the information and documents I have provided to you in this application are accurate and up to date, that you may request additional information in order to finalize my application, 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 an additional cost is required.

This application form has been prepared in order to determine your relationship with us and, if any, to ensure that your personal data processed by us can be fully identified, and that a complete, accurate, and timely response can be provided to your relevant application within the legal period. In order to eliminate legal risks that may arise from unlawful and unfair data sharing and especially to ensure the security of your personal data, we reserve the right to request additional documents and information (such as a copy of an identity card or driver's license, etc.) for identity and authorization verification. In the event that the information regarding your requests submitted within the scope of the form is not accurate and up to date or an unauthorized application is made, we do not accept liability for the requests arising from such incorrect information or unauthorized application.

Name Surname of The Applying Relevant Person (Data Subject):

Application Date: Signature: