

DATA OWNER APPLICATION FORM

1. Contact Information

For the purpose of identity verification and to contact you, please fill in the following fields.

Name:	Surname:
ID No:	Phone number:
E-mail:	Address:

2. Relationship with our company

Please indicate your relationship with our company.

Customer <input type="checkbox"/>	Former Employee <input type="checkbox"/>	Years of Service -
Partner <input type="checkbox"/>	Candidate/Job Applicant <input type="checkbox"/>	Resume Date:
Visitor <input type="checkbox"/>	Third Party Employee <input type="checkbox"/>	Please indicate your company and job title.
Diğer <input type="checkbox"/>	Please Specify.	

Please indicate the department you are in contact with in our Company.

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3. Please state your request for your personal data in detail below.

4. Please choose the notification method of our response to your application.

I want it sent to my address.	<input type="checkbox"/>
I want it sent to my e-mail address.	<input type="checkbox"/>
(If you choose the email method, we'll be able to respond to you faster.)	
I want to pick up in person.	<input type="checkbox"/>

(In case of the delivery by proxy, it is required to have a notarized power of attorney or certificate of authority.)

This application form identifies your relationship with our Company and data in order to determine the exact and correct response to the relevant and legal time has been arranged.

In order to avoiding legal risks arising from unlawful and unfair data sharing disposal and to ensure the security of your personal data, for identification and authorization our Company reserves the right to request additional documents and information (copy of identity card or driver license etc.) In case an

application is made, the information about your requests submitted under the form is not accurate and up-to-date or unauthorized, our company will be does not accept liability because of this situation.

Applicant Contact (Data Owner)

Name Surname
Application Date
Signature