

## APPLICATION FORM

### 1. Application Method

Pursuant to Article 13 of Law and Article 5 of the Communiqué on the Procedures and Principles of Application to the Data Controller, you can submit your requests within the scope of your rights specified in Article 11 of the Law No. 6698 on the Personal Data Protection Law ("Law") to our Company by one of the methods described below in this form.

	APPLICATION METHOD	APPLICATION ADDRESS	INFORMATION TO BE PROVIDED IN THE APPLICATION
IN WRITING	Personal application with wet-ink signature or via Notary	ALTUNIZADE MAH. KISIKLI CAD. SARKUYSAN-AK IS MERKEZI NO: 4 /2 İÇ KAPI NO: 7 ÜSKÜDAR/ İSTANBUL	"Personal Data Protection Law Information Request" must be written on the envelope/notification.
REGISTERED ELECTRONIC MAIL (KEP)	Via a registered electronic mail (KEP) address	somkatiyakit@hs02.kep.tr	"Personal Data Protection Law Information Request" must be written in the e-mail subject section.
ELECTRONIC MAIL REGISTERED IN OUR SYSTEM	Via an electronic mail registered in our company's system	<a href="mailto:kvkk@somkatiyakit.com">kvkk@somkatiyakit.com</a>	"Personal Data Protection Law Information Request" must be written in the e-mail subject section.
ELECTRONIC MAIL NOT REGISTERED IN OUR SYSTEM	Via an electronic mail not registered in our company's system, containing a secure mobile signature / e-signature	<a href="mailto:kvkk@somkatiyakit.com">kvkk@somkatiyakit.com</a>	"Personal Data Protection Law Information Request" must be written in the e-mail subject section.

Pursuant to paragraph 2 of Article 13 of the Law, your applications submitted to us will be responded within thirty days from the date of receipt of your request, depending on the nature of the request. You will receive our responses in writing or electronically pursuant to Article 13 of the relevant Law.

**2. Identity and Contact Details**

Please fill in the sections below so that we can contact you and verify your identity.

Name-Surname	:	
TR ID Number / Passport Number or Identification Number for Foreign Nationals	:	
Residential Address / Workplace Address for Notification	:	
Mobile Phone	:	
Phone number:	:	
E-mail Address	:	

**3. Please specify your relationship with our Company (Client, retailer, end user, employee candidate, former employee, third party company employee, visitor, etc.).**

<input type="checkbox"/> Client <input type="checkbox"/> Visitor	<input type="checkbox"/> Retailer <input type="checkbox"/> Other: .....
The Unit you are in contact with within our company:..... Subject: .....	

<input type="checkbox"/> Former Employee  <i>Employment Period</i>  <input type="checkbox"/> Other: .....	<input type="checkbox"/> Job Application / CV Submitted  <i>Date : .....</i>  <input type="checkbox"/> Third Party Company Employee <i>Please specify the company and position in which you are employed</i> .....
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