## **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 <a href="this form">this form</a>.

	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 IÇ KAPI NO: 7 ÜSKÜDAR/ ISTANBUL	"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	kvkk@somkatiyakit.com	"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 / esignature	kvkk@somkatiyakit.com	"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	:	
☐ Client ☐ Visitor		third party company employee, visitor, etc.).  Retailer  Other:
The Unit you are in contact w company:		
☐ Former Employee		☐ Job Application / CV Submitted
Employment Period		Date :
□ Other:		☐ Third Party Company Employee  Please specify the company and position in which  you are employed

4. Please specify your request under the Law in detail:
5. Please state the notification method of the response to your application to your address:
☐ I request it to be sent to my address. ☐ I request it to be sent to my e-mail address.
(If you prefer e-mail, we will be able to respond to you more quickly).
☐ I prefer to receive it by hand.  (In case of proxy receipt, a notarized power of attorney or authorization certificate is require
This application form was issued in order to identify your relationship with our Company, to fully specify your personal data processed by our Company, if any, and to respond to your relevant application accurately and within the legal period. Our Company reserves the right to request additional documents and information (copy of identity card or driver's license etc.) for identification and authorization in order to eliminate legal risks that may occur due to unlawful and unfair data sharing and specially to ensure the security of your personal data. Our Company shall not be liable for any claims arising from incorrect information or unauthorized application in the event that the information regarding your requests submitted within the scope of the form is not correct and up-to-date or an unauthorized application is submitted.
Applicant (Personal Data Owner) Name Surname : Application Date :

Signature :