**KVKK APPLICATION FORM**

1. **Information About the Applicant**

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| --- | --- | --- | --- | --- | --- |
| Name-Surname | : |  | | | |
| Turkish Identity Number | : |  | | | |
| Nationality and Passport Number (If Foreign) | : |  | | | |
| Address | : |  | | | |
| Cell Phone | : |  | | | |
| E-mail Address | : |  | | | |
| Relationship with the Company | : | 󠇊 Visitor | 󠇊 Client | 󠇊 Worker | 󠇊 Other |
| Did your relationship with the Company end? | : |  | | | |

1. **Applicant’s Requests**

Within the scope of the Law on Protection of Personal Data No. 6698 ("KVKK"), the Law Firm has the title of the data controller, and the rights you may request from the Law Firm under Article 11 are as follows. We would like to specifically remind you that; the applicant can only apply on his/her behalf, and if the Law Firm determines that the application has been made by the applicant on behalf of someone else, the application will be rejected. As a consequence, the Law Firm will be able to ask various questions to the applicant for identity verification.

Please mark which requests you have made according to the relevant article and specify in detail.

󠇊 To be informed whether personal data is processed

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󠇊 If personal data has been processed, to demand information about it

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󠇊 Requesting information about the purpose of processing personal data and whether they are used in accordance with the purpose

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󠇊 Requesting information about the third parties to whom personal data is transferred at home or abroad

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󠇊 Requesting correction of personal data in case of incomplete or incorrect processing

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󠇊 Requesting the deletion or destruction of personal data in case the reasons requiring the processing of personal data disappear within the framework of Article 7 of the KVKK

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󠇊 Requesting notification to third parties to whom personal data has been transferred, if personal data is incomplete or incorrectly processed, that they are corrected, or that personal data is deleted or destroyed within the scope of Article 7 of the KVKK

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󠇊 Objecting to the emergence of a result against the person himself/herself by analyzing the processed data exclusively through automated systems

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󠇊 Requesting compensation for the damage in case the person concerned suffers damage due to the unlawful processing of personal data

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1. **Application Method**

Please fill in the application form and deliver it;

1. By personally coming to the law firm's "Çukurambar Mah. Muhsin Yazıcıoğlu Cad. No:10/8 Çankaya/Ankara” address (the applicant should come in person and fill out the application form with his/her identity card),
2. By sending it to the law firm’s “Çukurambar Mah. Muhsin Yazıcıoğlu Cad. No:10/8 Çankaya/Ankara” address via a notary public or registered mail, or
3. By sending it to the Law Firm’s registered e-mail address “info@uaghukuk.com.tr” using a secure electronic signature, mobile signature, or the e-mail address previously notified to us by the relevant person and registered in the Law firm's system.
4. **Period of Application Review**

Applications that you have submitted to the Law Firm through the above-mentioned ways will be answered within 30 (thirty) days from the date they are received by the Law Firm, in accordance with the Article 13/II of the KVKK. For applications sent by mail, the date on which the document is notified to the data controller or its representative; for applications made by other methods, the date on which the application is received by the data controller will be taken as the application date.

1. **Form of Submission of Application Response**

Our response to the application will be sent as you have marked in the article titled 'Declaration of the Applicant' attached to this application form.

We would like to mention that; in case our response exceeds ten pages under the KVKK, a transaction fee of 1 (one) Turkish Lira may be charged for each page exceeding the first ten pages.

1. **Applicant’s Statement**

Under the requests that I have marked and specified the details above, I kindly request that my application to VIMFAY be evaluated and informed.

I accept, declare, and undertake that the documents and information I have provided with this application form are correct, up-to-date, and belong to me. I consent to the processing of the information and documents I have provided in the application form by Vimfay for the limited purposes of evaluating and responding to my application, delivering my application, and determining my identity and address.

󠇊 I request that the response be sent to the address I specified in the Application Form.

󠇊 I request that the answer is sent to the e-mail address that I have specified in the Application Form. *(We will be able to respond to you faster if you choose the e-mail method.)*

󠇊 I want to receive it by hand. *(In case of receipt by the power of attorney, a notarized power of attorney or notarized authorization document is required. This requirement also applies to family relatives.)*

Name and Surname of Relevant Person Applying:

Date of Application:

Signature: