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| **Information of the Applicant** | T.R. Id. No. |  | | | |
| Full Name |  | | | |
| Date of Birth |  | | | |
| Address |  | | | |
| **Information Regarding the Institution** | Please mark one of the options below that matches your relation with our institution.  [ ] Customer [ ] Employee/ Former Employee/ Candidate [ ] Provider/ Employee of the Company | | | | |
| **For our Guests**  Final Custom Date; | | **For our Employees**  Status;  Working Period;  **Application year for Candidates:** | | **For our Providers**  Title of the Company you work;  Your position in the Company; |
| **Information relating to the Demand** | *Lütfen talep ettiğiniz kişisel veriye ilişkin bir açıklama yapınız ve verinin konumuna dair sahip olduğunuz herhangi bir bilgi var ise paylaşınız (örneğin kurumumuz hizmet alınan şirketi, çalışıyorsanız departmanınızı, iletişimde bulunduğunuz kişileri uygun olduğu ölçüde açıklayınız).*  *Please give a description of the personal data you request and if there is any information you have with regard to the status of the data, please share it (for instance, explain; the Company where the service is received, your department if you are currently working, the people you are in communication with, as appropriate as possible).* | | | | |
| *Please choose a replying option for our response to your request.*  [ ] I ask it to be posted [ ] I ask it to be posted [ ] I would like to apply to yours in person  to my adress to my e-mail address and to receive it by hand | | | | |
| **This Part Shall be Filled in by the Requester**  **Date of the Request:**  **Full Name-Signature of the Requester** | | | | **This Part Shall be Filled in by the Institution**  **Date of Acceptance:**  **Full Name-Signature of the Recipient** | |

By filling in this form, you can submit/deliver/send your requests regarding your personal data; by hand to (………… address) by based on the Article 11 of the Law on the Protection of Personal Data (“**KVKK**”) to the extent that the data of yours is processed in Data Controllers’ capacity, to (………… address) via Notary or to (……… address) by using a Secure Electronic Signature.