

DATA OWNER APPLICATION FORM

1. Means of Application

In accord with your rights specified under Turkish Personal Data Protection Law no. 6698 ("the Law"), article 11, you may use this form to place your request to our association. You should use one the methods specified below, as identified in article 13 of the Law, and Article 5 of the Communiqué on Procedures & Principles of the Application to Data Controllers.

METHOD OF APPLICATION	ADDRESS FOR APPLICATION	INFORMATION TO BE SPECIFIED IN APPLICATION SUBMISSION
Personal application via wet-ink signature (Applicant applying in person with authenticating identification document) or with notice via Notary.	Koşuyolu Mah. Cenap Şahabettin Sok. No. 42, 34718 Kadıköy / İSTANBUL	The envelope/notice should include caption "Information Request Under the Framework of Personal Data Protection Law"
Application using an e-mail address existing in our database	info@hayatadestek.org	The subject line of the e-mail should include "Information Request Under the Framework of Personal Data Protection Law"
Application using a Registered Electronic Mail via "Secure electronic signature"	hayatadestek@hs01.kep.tr	The subject line of the e-mail should include "Information Request Under the Framework of Personal Data Protection Law"
Application using an Electronic Mail Address nonregistered in our database (Applicant applying using an e-mail address nonregistered in our association's database with a mobile/e-signature)	info@hayatadestek.org	The subject line of the e-mail should include "Information Request Under the Framework of Personal Data Protection Law"

Your application submitted to our organization will be responded within 30 days from its receipt, as specified under article 13, clause 2 of the Law, depending on its legibility.

Your responses will be communicated in written or electronic form as specified by provisions in article 13 of the Law.

2. Your Identity and Contact Information

Please fill the information requested below so that we can authenticate your identity and get in contact with you.

Name – Last name:	
Turkish Republic ID Number / Passport number or ID number for other nationalities:	
Residence/work address associated with the request:	
Cellphone Number:	
Telephone Number:	
Fax Number:	
E-mail address :	

3. Please specify your affiliation with our Association

(Beneficiary, partner, candidate employee, ex-employee, third-party firm/institution employee, etc.)

<input type="checkbox"/> Beneficiary / Counselee <input type="checkbox"/> Visitor	<input type="checkbox"/> Partner <input type="checkbox"/> Other:
The field office/unit of our association you are in contact with, and its location (city): Subject:	

<input type="checkbox"/> I am an ex-employee <i>Worked between years:</i> <input type="checkbox"/> Other:	<input type="checkbox"/> I applied for a position / Shared my CV <i>Date:</i> <input type="checkbox"/> I am a Third-party Firm/institution Employee <i>Please specify your position in the firm/institution you work at:</i>
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4. Please provide the details of your request, submitted under the framework of the Law:

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5. Please specify how you request the response to be communicated to you:

I request it to be sent to my address.

I request it to be sent to my e-mail address.

(We will be able to respond faster if you choose e-mail)

I request to pick it up in person.

(If picked up by proxy, an authorization document or notary-certified power of attorney must be presented.)

This application form is prepared so as to identify your relationship with our institution, and, if applicable, identify your personal data registered in full, and provide them to your part accurately and within the legal timeframe. Our institution reserves its right to request additional documents and information (ID card, copy of driving license, and similar) to authenticate your identity and authority, in order to prevent legal risks that may arise from unlawful and unjustified disclosure of data, and especially to protect your personal data. If the information you provided in your application is inaccurate, outdated, or if the application lacks authority, our institution is not liable for applications with inaccurate data or for unauthorized applications.

Applicant (Owner of Personal Data)

Name - Last Name:

Date of Application:

Signature: