**DATA SUBJECT APPLICATION FORM**

**1. Application Method**

You may submit your requests within the scope of your rights listed in Article 11 of the Personal Data Protection Law No. 6698 (the "**Law**") to our Company with this form and through one of the methods explained below, in accordance with Article 5 of the Communiqué on the Principles and Procedures of Application For The Request to Data Controller and Article 13 of the Law.

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|  | **APPLICATION METHOD** | **ADDRESS TO APPLY** | **INFORMATION TO BE SHOWN IN THE APPLICATION** |
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| **1. Written Application** |

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| Physical application with original signature orthrough a notary public |

 | Reşitpaşa Mahallesi, Katar Caddesi Arı 4 Binası No: 2/50/6 MaslakSarıyer/ İstanbul |

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| "Information Request Under the Personal Data Protection Law" shall be written on the envelope/notification. |

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| **2. Through the E-Mail Address Registered in Our System** |

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| By using your e-mail address registered in our company's system |

 | info@sorwe.com |

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| “Personal Data Protection Law Information Request” shall be written in the subject of the e-mail. |

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Your applications submitted to us shall be responded to within thirty days of our receipt, in accordance with the second paragraph of Article 13 of the Law, depending on the nature of the request. Our responses shall be delivered to you in writing or electronically in accordance with the clauses of Article 13 of the relevant Law.

**2. Identification and Contact Information of the Applicant**

Please fill in the fields below in order for us to contact you and verify your identity.

|  |  |
| --- | --- |
| **Name Surname** |  |
| **T.R. Identification Number/****For Citizens of Other Countries** **Passport No or ID No** |  |
| **Address to be used for notifications** |  |
| **Mobile Number** |  |
| **Phone Number** |  |
| **Fax Number** |  |
| **E-mail Address** |  |

**3. Applicant's Relationship with the Company**

☐ Customer

☐ Visitor

☐ Partner

☐ Former Employee [Years worked: ]

☐ Job Applicant/ Resume Sharer [Date: ]

☐ Third-Party Employee [Employed At Company: ]

☐ Other

Contacted unit within our company and subject: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**4. The Applicant's Request within the Scope of PDPL**

**5. Please choose the method of delivery of notification of our response to your application:**

☐ I want it to be sent to my mail address.

☐ I want it to be sent electronically to my e-mail address.

(We will be able to respond to you faster if you pick the e-mail method.)

☐ I want it to be physically delivered to me.

(In case of receipt by proxy, there must be an official notarized power of attorney or authorization document.)

This application form has been issued in order to determine your relationship with our Company and fully determine your personal data, if any, and respond to your relevant request in an accurate manner and within the legal term. In order to eliminate the legal risks that may arise from illegal and unfair data sharing, and especially to ensure the security of your personal data, 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 the event that the input information of the requests you submit within the scope of the form is incorrect or not up-to-date or an unauthorized application is filled out, our Company does not accept any responsibility for such inaccurate information or receipt of requests from unauthorized applications.

**Applicant (Personal Data Subject)**

**Name and Surname:**

**Date of Application:**

**Signature:**