**PERSONAL DATA PROTECTION (KVK) APPLICATION FORM CLARIFICATION TEXT**

1. Personal data subjects (the “**Applicant**”) who are defined as respective persons in the Personal Data Protection Act 6698 (the “**Law**”) are entitled to address certain requests related to personal data processing to the data controllers according to article 11 of the Law. According to the related clause, the personal data subject is entitled for following rights;

* Knowing whether the personal data is processed,
* If the personal data are processed, requesting information in this respect,
* Knowing the purpose of processing personal data and whether they are used for such intended purpose,
* Knowing the third parties inland and abroad who the personal data have been transferred to,
* Requesting the correction of personal data if the personal data have been processed incomplete or incorrect,
* Requesting the erasure or destruction of personal data within the conditions stipulated by the Law and related legislation,
* Requesting the notification of any processes carried out according to the Law and related legislation to third parties who the personal data have been transferred to,
* To raise objection if, upon the analysis of the processed data by exclusively automatic systems bring forward a result which is against the respective person,
* To request the remedy of any loss and damage if the respective person is exposed to any loss and damage due to processing the personal data in contradict with the Law.

1. In accordance with the first clause of Article 13 of the Law, any applications to be filed to our company (ARZUM) which is the data controller in respect with these rights have to be made in written.
2. The “written” applications to be made to ARZUM in this scope can be submitted upon taking a print out of this form and;

* Upon signing the form with the original signature delivering by hand or mailing through a notary public to ‘’Flatofis Binası, Otakçılar Caddesi, Numara 78, Kat 1, B Blok, Numara B1B, Eyüp 34050 İstanbul / Türkiye”, or;
* By submitting to the request by e-mail with the “secure electronic signature” of the applicant as defined in the Electronic Signature Law 5070 to the related address defined in [Arzum@hs02.kep.tr](mailto:Arzum@hs02.kep.tr) or to our electronic mail address [kvkk@arzum.com](mailto:kvkk@arzum.com).

1. If the Council should define and announce any other application method, any announcements related to such methods shall be made in ARZUM’s website.
2. Your applications submitted to ARZUM will be replied, depending on the nature of the request, within 30 (days) upon ARZUM’s receipt of your application according to Article 13, clause 2 of the Law. ARZUM’S replies will be delivered to you I written or electronically also according to Article 13 of the Law.
3. If your application requires an additional cost, you will have to pay the fee defined in the Communique related to the Principles and Practices of Applications to the Data Controller issued by the Personal Data Protection Council. If your request will be answered in written, no fee will be charged up to the first 10 (ten) pages whereas a handling fee of 1 TL will be charged for each page exceeding 10 (ten) pages. If the answer to your request will be presented in recorded media such as CD, flash memory the cost of the recording media will be charged to you.
4. ARZUM reserves the right to make any changes in the application practices made by the Council decision or legal regulations which may be issued in future.
5. The KVK Application Form is below.

**KVK APPLICATION FORM**

**A. Contact Details of the Applicant**

|  |  |
| --- | --- |
| **Name:** |  |
| **Surname:** |  |
| **T. R. Identity No:** |  |
| **Phone No./Fax No.** |  |
| **E-mail:** |  |
| **Address:** |  |
|  |
|  |

**B. The Applicant’s relationship with ARZUM**

Please indicate your relationship with ARZUM (customer, business partner, employee candidate, former employee, third party company employee, visitor etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| Customer  Employee Candidate  Former Employee  Visitor | | Business Partner  Third Party Company Employee  Other: …………………………………….....  ………………………………………………….. | |
| The Unit within ARZUM which collects your personal data *(This s not mandatory to indicate, however, if you indicate this unit your applications may be finalized faster.)*: …………………….......................................................................................................................................  ………………………………………………………………………………………………………………………………………………………. | | | |
| *\*\*\*If you are a former employee please fill in the sections below*  Years of employment:  …………………………………………………..  ……………………………........................  Unit of employment:  …………………………………………………..  ……………………………........................ | *\*\*\*If you are an employee candidate please fill in the sections below*  The date of your job application:  ………................................  ……………………………………..  Form of job application: ………………………………  ……………………………...........  ……………………………………… | | *\*\*\*If you are a third party company employee please fill in the section below*  The title of the company you are working for:  …………………………………………………..  …………………………………………………..  Your job position:  ………………………………………………….  ………………………………………………….  …………………………………………………. |
|  |  |  |  |

**C. Details of your request in scope of the Law**

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………….

**D. Please select the method of notification of the response to your application**

Send to my address.

Send to my e-mail.

*(If the e-mail method will be selected, the response time will be faster.)*

I want to receive the response by hand.

*(In case of receipt by proxy, a notarized power of attorney or a certification of authority has*

*to be submitted.)*

This form has been issued in order to identify your relationship with ARZUM, to define in full your personal data processed by ARZUM, if any, and to respond to your respective application correctly and within the legal period. For the purpose of eliminating any legal risks which may occur due to data sharing in an unlawfully and unrightfully manner and, especially, for ensuring the security of your personal data, ARZUM reserves the right to request additional documents and information (identity card, passport, driving license etc.) for the identification of identity and authority. If the information related to your requests which you have submitted by this Form should not be correct or updated or if an unauthorized application is made, ARZUM does not assume any responsibility for any requests caused by the said incorrect, outdated information or unauthorized requests.

**APPENDICES:** (If you want to present any appendices, please indicate them in the section below).

………………………………………………………………………………………………………………………………………………………..

**Applicant (Personal Data Subject)**

**Name-Surname :**

**Application Date :**

**Signature :**