



## **BEYAZIT HEALTH SERVICES TRADE LTD. CO. PERSONAL DATA OWNER APPLICATION FORM WITHIN THE SCOPE OF THE LAW ON THE PROTECTION OF PERSONAL DATA NO. 6698**

Under the Law on the Protection of Personal Data No. 6698 (“KVKK”), personal data owners, defined as "data subjects" (“Data Owner”), have the right to apply to the Data Controller 'BEYAZIT HEALTH SERVICES TRADE LTD. CO.' regarding the rights specified in Article 11 of KVKK concerning the processing of their personal data. Applications regarding these rights must be submitted in writing or electronically via the methods outlined below, in accordance with Article 13, Paragraph 1 of the KVKK and the relevant provisions of the Communiqué on the Principles and Procedures for the Application to the Data Controller.

**1. APPLICATION METHODS:** In applications to BEYAZIT HEALTH SERVICES TRADE LTD. CO. within the scope of the Law on the Protection of Personal Data, the name, surname, and signature (if the application is made in writing), Turkish ID number, notification-related email address (if available), phone and fax numbers, and information regarding the subject of the request must be included as per Article 5/2 of the Communiqué on the Principles and Procedures for the Application to the Data Controller, published in the Official Gazette dated 10.03.2018 and numbered 30356.

### **2. APPLICATION CHANNELS:**

**Written Applications:** Written applications to BEYAZIT HEALTH SERVICES TRADE LTD. CO. can be made by sending a fully completed and signed copy of the "Application Form" available at [www.beyazitdis.com](http://www.beyazitdis.com), along with identity-confirming documents, to the following address either in person, by a proxy authorized to submit the application with a notarized power of attorney, via a notary, or by registered mail: • Company Headquarters Address: 'Cumhuriyet Mah. Büşra Sok.No:18/20 Ozan Plaza, S.Paşa/Tekirdağ'

**Electronic Applications:** Electronic applications to BEYAZIT HEALTH SERVICES TRADE LTD. CO. can be made by filling out the "Application Form" completely, signing it with a "secure electronic signature" certified under the Electronic Signature Law No. 5070, and sending it to [info@beyazitdis.com](mailto:info@beyazitdis.com).

Applications submitted to us will be processed in an effective, lawful, and honest manner within "the shortest time possible and no later than thirty days" from the date the request is received by our company, and responses will be provided in writing or electronically. If any deficiencies are identified in your application, and if they are not resolved within seven (7) days from the date you are notified of the deficiency, your request will be suspended until the deficiency is resolved.

However, if the process incurs additional costs, no fee will be charged for up to ten pages; for each page exceeding ten, a processing fee of 1.00 Turkish Lira per page will be charged, in accordance with Article 7 of the Communiqué on the Principles and Procedures for the Application to the Data Controller.



**3. INFORMATION ABOUT THE APPLICANT:**

Name: .....

Surname: .....

Turkish ID Number: .....

Email Address: .....

(Providing your email address will enable us to respond to you more quickly.)

Address: .....

Mobile Phone: .....

Fax: .....

**\*\*Please specify your relationship with our company.\*\***

<input type="checkbox"/> Job Applicant <input type="checkbox"/> Employee <input type="checkbox"/> Potential Customer <input type="checkbox"/> Customer Company Representative/Employee <input type="checkbox"/> Supplier Company Representative/Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Please specify the year and position you worked: <input type="checkbox"/> Business Partner Company Representative/Employee <input type="checkbox"/> Third Party <input type="checkbox"/> Visitor <input type="checkbox"/> Other	<input type="checkbox"/> Job Applicant Please specify the application date and the position applied for:  <input type="checkbox"/> Third-party Company Employee Please specify the company and position you worked for:  <input type="checkbox"/> Other (supplier, etc.)  <input type="checkbox"/> Please specify the company name:
The Company/Department/Person you contacted within our company: Subject:	

Please provide detailed information regarding your request within the scope of the Law:



Request	Subject of the Request	Your Selection
1	I would like to know whether your company processes my personal data. (KVKK Art. 11/1-a)	
2	If your company processes my personal data, I request information regarding these data processing activities. (KVKK Art. 11/1-b)	
3	If your company processes my personal data, I would like to know the purpose of their processing and whether they are being used in accordance with that purpose. (KVKK Art. 11/1-c)	
4	If my personal data is transferred to third parties domestically or abroad, I would like to know the identities of those third parties. (KVKK Art. 11/1-ç)	
5	I believe that my personal data has been processed incompletely or incorrectly, and I would like these to be corrected. (KVKK Art. 11/1-d) Please write the personal data you wish to be corrected in the "Your Selection" field and attach any supporting documents.	
6	I believe that the reasons necessitating the processing of my personal data no longer exist, and in this context, I request that my personal data be: <ul style="list-style-type: none"><li>Deleted.</li><li>Destroyed. (KVKK Art. 11/1-e)</li></ul>	<i>Write down.</i>
7	I would like to be informed that the actions taken regarding my request for: <ul style="list-style-type: none"><li>Correction of my personal data that I believe has been processed incompletely or incorrectly,</li><li>Deletion of my personal data,</li><li>Destruction of my personal data,</li></ul> are communicated to the third parties to whom my personal data has been transferred. (KVKK Art. 11/1-f)	<i>Write down.</i>
8	I believe that my personal data processed by your company has been analyzed exclusively through automated systems, resulting in a personal outcome against me. I hereby object to this outcome. Please write the analysis result that you believe is against you in the "Your Selection" field and attach any supporting documents for your objection. (KVKK Art. 11/1-g)	Data Resulting from the Analysis:



9	<p>I have suffered damage due to the unlawful processing of my personal data. I request compensation for this damage. (KVKK Art. 11/1-ğ)</p> <p>Please write the subject of the unlawfulness in the "Your Selection" field and attach any supporting documents (such as court decisions, board decisions, documents showing the amount of material damage, etc.).</p> <p><b>**Personal Data Protection Law Article 11/1 (h)**</b></p>	Unlawfully Processed Data:
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**Please select the method by which you would like to receive our response to your application:**

- I want it to be sent to my address.
- I want it to be sent to my email address.  
*(If you choose the email method, we will be able to respond to you more quickly.)*
- I want to receive it in person.  
*(In the case of collection by proxy, a notarized power of attorney is required.)*

This "Application Form" has been prepared to identify your relationship with BEYAZIT HEALTH SERVICES TRADE LTD. CO., to fully determine any personal data processed by our company, and to respond accurately and within the legal timeframe to your relevant application. BEYAZIT HEALTH SERVICES TRADE LTD. CO. reserves the right to request identification and/or authorization verification or additional documents related to your request to prevent legal risks that may arise from unlawful and unfair data sharing, and to ensure the security of your personal data and facilitate a thorough examination of your request. If the information you provide regarding your requests to our company is incorrect or outdated, or if an unauthorized application is made to our company, our group does not accept responsibility for any requests arising from such incorrect information or unauthorized applications.

In line with the requests I have stated above, I kindly request that my application to BEYAZIT HEALTH SERVICES TRADE LTD. CO. be evaluated in accordance with Article 13 of the Law and that I be informed accordingly.

**Applicant (Personal Data Owner) Name, Surname:**

**Application Date:**

**Signature:**