

**APPLICATION FORM FOR EXERCISING DATA SUBJECT RIGHTS PURSUANT TO LAW
NO. 6698 ON THE PROTECTION OF PERSONAL DATA**

This application form has been prepared to enable you, as the Data Subject, to exercise your rights under Article 11 of the Law on the Protection of Personal Data No. 6698 ("Law"). Please fill out the application form below clearly and completely so that your request under the Law can be fulfilled.

For the purpose of confirming whether the application has been made by you and thus protecting your rights, the Foundation may request additional verification. For example, if you submit your application via the email address registered with the Foundation, we may contact you through another communication method registered in our system and request confirmation that the application was made by you.

We will respond to your application as soon as possible and in any case within 30 days from the date we receive your request. If the information and documents you provide to us are incomplete or unclear, we may contact you to clarify your application.

We will attempt to fulfil the request in your application free of charge. However, if fulfilling your request incurs an additional cost for the Foundation, we may charge you a fee based on the tariff determined by the Personal Data Protection Board ("Board"). According to the Board's tariff, no fee shall be charged for written responses of up to ten (10) pages. For each page exceeding ten pages, a transaction fee of 1 Turkish Lira may be charged. If the response to your application is provided on a physical storage device such as a CD or flash drive, you may be charged a fee equivalent to the cost of the storage device.

Your application and our response thereto may be stored in our databases for the purpose of exercising our right of defence and may be shared with judicial authorities and the Personal Data Protection Authority and Board if necessary.

**1. IDENTITY AND CONTACT INFORMATION OF THE DATA SUBJECT (AND, IF ANY,
THEIR REPRESENTATIVE)**

Full Name:	
Representative's Full Name:	
Turkish ID Number:	
Representative's Turkish ID Number:	
Phone Number:	
Address:	
Email Address:	
Your Relationship with Our Foundation	

2. MY REQUEST WITHIN THE SCOPE OF THE LAW ON THE PROTECTION OF PERSONAL DATA

(I would like to know whether your Foundation processes any personal data concerning me. If so, I hereby request information regarding the personal data processing activities carried out by your Foundation.)

3. METHOD OF NOTIFICATION OF THE RESPONSE TO MY APPLICATION *(Please select only one method)*

- ☐ I request the response to be sent to my postal address.
- ☐ I request the response to be sent to my e-mail address.
- ☐ I will collect the response in person. *(In case of collection by proxy, a notarized power of attorney or authorization document is required.)*

4. DECLARATION AS THE DATA SUBJECT / REPRESENTATIVE

I hereby declare that I am legally authorized to make this application in my capacity as the Data Subject or the legal representative of the Data Subject, and that the information and documents provided in this application are accurate and up to date. I further declare that I have not provided any unlawful, incorrect or misleading information.

I acknowledge that if I submit an unauthorized application, I may cause the unlawful or unjust sharing of personal data, and I accept that I shall be held liable for any damages incurred by your Foundation or the relevant data subjects as a result thereof.

Data Subject / Person Making the Application on Behalf of Another

Full Name :
Phone Number and/or
E-mail Address¹ :
Date of Application :
Signature :

¹ In order to verify whether the application has indeed been submitted by you and thereby ensure the protection of your rights, our Foundation may contact you via your telephone number and/or e-mail address to perform additional verifications. Therefore, we kindly request that you provide at least one of these contact details.