

**APPLICATION FORM AS TO USAGE of DATA SUBJECT RIGHTS IN RESPECT OF THE LAW on PERSONAL DATA  
PROTECTION LAW NUMBERED 6698**

For your request to be executed as regards to the Personal Data Protection Law ("DP Law") please fill in the following application form clearly and in full by affixing your wet signature send it to the address of Burcu Boz, Borusan Insan Solution Center, Kayisdagi Caddesi, Defne Sokak, No.3, Buyukhanli Plaza, Kat 1-2, 34750 Atasehir, Istanbul, Turkey, to Human Resources Department through the post.

Your request will be replied by our part as soon as possible and within 30 days at most. We may contact you in case of any lacking, inadequacy or vagueness as regards to your documents in order to clarify your request.

**1. IDENTITY AND CONTACT INFORMATION OF DATA SUBJECT**

<b>Name-Surname:</b>	
<b>ID no:</b>	
<b>Telephone Number:</b>	
<b>Address:</b>	
<b>E-Mail Address:</b>	
<b>Foundation Subject to Application:</b>	
<b>Your Relationship with Our Foundation:</b>	<i>(Customer, business partner, employee candidate, former employee, third party company employee, shareholder, etc.)</i>

**2. INFORMATION ON CHOICE OF RIGHT TO BE USED BY THE DATA SUBJECT**

*(Please tick the box/boxes nearby the sentences most relevant to your request)*

<input type="checkbox"/>	I hereby request information on whether your Foundation processes my personal data or not.
<input type="checkbox"/>	I hereby request have further information on data processing activities if your foundation processes my personal data
<input type="checkbox"/>	I hereby request information on the purpose of processing of my personal data, and whether my data are being processed in compliance with such purpose or not, if your foundation processes my personal data.
<input type="checkbox"/>	If my data are transferred within the country or abroad I hereby request information about the third-party recipients to whom my data are transferred.
<input type="checkbox"/>	I believe my personal data are processed insufficiently or inaccurately and I hereby request rectification thereof.
<input type="checkbox"/>	I hereby request erasure or destruction of my personal data, although personal data was processed in accordance with the law and other related laws and regulations.
<input type="checkbox"/>	I hereby request rectification of my personal data also before the recipients to whom data were transferred, which I believe processed insufficiently or inaccurately.
<input type="checkbox"/>	I hereby request erasure or destruction of my personal data of also before the recipients to whom data were transferred.
<input type="checkbox"/>	I believe that my personal data are processed solely by automatic means by your Foundation

and that negative consequences about myself have raised upon this analysis. I hereby object to these consequences.

**3. EXPLANATION ABOUT THE REQUEST** (Please specify in detail your request deriving from the DP Law and the personal data that are subject to your request.)

**4. ANNEXES**

Please specify the documents you would like to support your request with, if any.

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**5. PLEASE CHOOSE THE METHOD OF NOTIFICATION FOR RECEIVING OUR REPLY TO YOUR REQUEST:**

- I would like the reply to be delivered to my address
- I would like the reply to be delivered to my e-mail address
- I would like to receive it by hand.

**6. DECLARATION OF APPLICANT**

This application form is drafted in order to respond to your request correctly and in due time by determining your relationship with our Foundation and, if any, your personal data processed by our Foundation in precise. Our Foundation reserves the right to request additional document and information (Copy of Identification Card or Driver’s License, etc.) for the purpose identification and authorisation check, in order to eliminate the legal risks from illegal and unjust data sharing and especially ensuring the security of your personal data. If the information you conducted within the scope of the form is not correct or up-to-date or in case of an unauthorized application, our foundation declines any responsibility arising from the requests regarding the incorrect information or unauthorized application. You hold all the responsibility arising from illegal, misleading, or incorrect applications.

Data Subject / Person Applying on Behalf of Another Person<sup>1</sup>

Name- Surname :  
Application Date :  
Signature :

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<sup>1</sup>If you are applying on behalf of someone else, please send us the necessary documents that proves your authority for such application (*document showing that you are the parent/guardian of the personal data owner, letter of attorney, etc.*) affixed to your application. These documents needs to be arranged or approved by the competent authorities in order to be accepted as valid.