A. Applicant contact details:			
Name and Last Name			
R.T. ID No	:		
Phone Number	:		
E-mail	:		
Address	:		
•	-	with our Company. (Customer, business partner, e, third party company employee, shareholder,	
□ Customer		☐ Business Partner/Solution Partner/Consultant	
□ Visitor		Tarther/Consultant	
		☐ Other (Please explain)	
The department you are in co	ontact with w	ithin	
our company: Subject:			
☐ I am a Former Employe	e	☐ Job Application/Resume Posting Date:	
Years I Worked:		☐ I am a Third Party Company Employee Please indicate the company and position you	
□ Other:		work for:	

C. Please specify your request in detail within the scope of the PDP Law:

D.	Please select the method by which you will be notified of our response to your application:
	I would like it sent to my address.
□ (We	I would like it sent to my e-mail address. will be able to respond to you more quickly if you choose the email method).
	I would like to pick it up in person.
•	case of delivery by proxy, there must be a notarized power of attorney or authorization ificate).

This application form has been issued in order to determine your relationship with our Company, to determine your personal data processed by our Company, if any, and to respond to your relevant application accurately and within the legal period. In order to eliminate the legal risks that may arise from unlawful 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 information regarding your requests submitted within the scope of the form is not correct and up-to-date or an unauthorized application is made, our Company does not accept any liability for the requests arising from such incorrect information or unauthorized application.

Name and Last Name of the Applicant (Personal Data Owner)

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Application Date : Signature :