	DATA OWNER APPLICATION FORM	DOCUMENT NO:	DD-027(ENG)
		REVISION NO:	01
		REVISION DATE	December 01, 2019

1. MODE OF APPLICATION

You may transmit your requests within the scope of your rights, listed in Article 11 of the Law no. 6698 on the Protection of Personal Data (hereinafter shall briefly be referred to as "**Law**") and also your application through one of the methods, explained herein below by this this form as a requirement of Article 5 of the Communiqué on the Modes and Principles of the Application of the Data Owner and Article 13 of the Law.

MODE OF APPLICATION	ADDRESS TO BE APPLIED TO	INFORMATION TO BE SHOWN ON THE APPLICATION
Personal application bearing a wet signature or through a notarized channel	"Ataköy 7-8-9-10.Kısım MahallesiÇobançeşme E5 Yanyol No:18/1 Selenyum Retro Plaza (A Blok,B-1) Bakırköy/ISTANBUL"	The wording "Information Request within the Scope of the Law on the Protection of Personal Data" will be written on the envelope/notification.
By way of a registered e-mail ("REM") by signing it with "Secure Electronic Signature"	ayjet@hs01.kep.tr	The wording "Law on the Protection of Personal Data Information Request" will be written on the subject section of the e-mail

Your applications, transmitted to us, will be answered within a period of 30 days the latest from the date of notification of the same to our Institution according to the nature of your request, as a requirement of the Subparagraph no. 2 of Article 13 of the Law on the Protection of Personal Data.

2. YOUR RELATIONSHIP WITH INSTITUTION

Your relationship with Institution	Student	Employee Candidate
	Employee	Other


3. YOUR APPLICANT COMMUNICATION INFORMATION

The spaces that have to be filled in pursuant to the Subparagraph no. 2 of Article 5 of the Communiqué on the Modes and Principles of the Application of the Data Owner:

Name- Surname	:
Turkish Nationality No/for nationals of other countries, however, Passport or ID Number	:
Residential Address/ Workplace Address Subject to Notification	:
Fixed/Mobile Phone Number	:
E-mail	:

SUBJECT OF THE REQUEST

Subject of the request	Your choice
I like to know whether your institution has processed the personal data on me.	
If your institution processes personal data with regard to me, I would like to ask for information about these processing activities.	

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Subject of the request (Cont.)	Your choice
If your institution processes personal data with regard to me, I would like to learn about the objective for their processing and whether they are used in accordance with their objective of processing.	
In the event my personal data are transmitted to any third parties in domestic field or abroad, I want to know about such third parties.	
I am of the opinion of the fact that my personal data are processed in short or erroneously and I want them to be corrected.	
I want the deletion or destruction of my personal data within the framework of the terms and conditions, envisaged in Article 7 of the Law on the Protection of Personal Data.	
I request my personal data that are deleted or destroyed within the framework of the terms and conditions, envisaged in Article 7 of the Law on the Protection of Personal Data and corrected since they were processed in short or erroneously, to be notified to the related third parties, to whom my personal data are transmitted thereto.	
I raise objection to the result having appeared to be in my disfavour by way of the analysis of my personal data so processed through the automated systems on exclusive basis.	
I request the losses, incurred by me, as a result of processing of my personal data contrary to the applicable law, to be indemnified in this respect.	

Please indicate your request within the scope of the Law on the Protection of Personal Data in detail herein below. :

4. PLEASE SELECT THE MODE OF NOTIFICATION OF THE ANSWER TO YOU

I request it to be sent to my address in writing, indicated by me in the 2 nd section of the answer.	<input type="checkbox"/>
I request it to be sent to my e-mail, indicated by me in the 2 nd section of the answer.	<input type="checkbox"/>
I wish to take the delivery of it by hand. (In case of taking the delivery of it on proxy basis, there must a notarized letter of authorization.)	<input type="checkbox"/>

I hereby declare and undertake that my information and documents, which I have provided at this application to you, are correct and up-to-date, and your institution is entitled to ask for further information in order to finalize my application and furthermore, in case it might require the accrual of any cost therein, I have been enlightened that it could be necessary for me to pay any fee, determined by the Board on the Protection of Personal Data.

RELATED PERSON HAVING MADE APPLICATION (APPLICANT) (DATA OWNER)	
Name and Surname	:
Date of Application	:
Signature	: