

# PERSONAL DATA INQUIRY APPLICATION FORM

As DENTAPOINT Dental Health Medical Services Construction Petroleum Products Marketing Domestic and Foreign Trade Limited Company, this form is provided to you to easily exercise your right to request information as per Article 11 of the Personal Data Protection Law No. 6698 ("KVKK"). Therefore, when using your right to request information regarding your personal data, please print out this form, fill it out, and submit it to us using one of the methods specified at the end of the form.

1) APPLI	CANT CONTACT INFORMATION:
Name	
Surnam	e
ID Num	ber
Phone N	lumber
E-Mail	
Address	
2) PLEAS	SE INDICATE YOUR RELATIONSHIP WITH OUR COMPANY:
	stomer () Visitor () Business Partner () Supplier () Service Recipient ()
If you ha	eve had a previous business relationship with our company:
() For	mer Employee () Job Applicant () Other
Departm	nent:
Subject:	
If you ha	eve applied for a job with our company, the date of your application:
Other:	
3) INFO	RMATION ABOUT THE RIGHT YOU WISH TO EXERCISE AS A DATA SUBJECT
Please c	heck the box for the information you wish to request.
0	Are my personal data being processed by your company?
	If my personal data is being processed by your company, I request information about the data processing activities.
	If my personal data is being processed by your company, I request information on whether the processing activities are in line with their purpose.
	Are my personal data transferred to third parties within the country or abroad? If so, I request



	I believe that the reasons for processing my personal data no longer exist, and therefore I request the deletion or anonymization of my personal data.	
0	To be deleted	
0	I request that it be anonymised	
0	If my personal data is processed incorrectly or incompletely, I request notification of this situation to third parties to whom the data was transferred.	
0	I request compensation for damages suffered due to the unlawful processing of my personal data.	
4) PLEASE SPECIFY YOUR REQUEST REGARDING YOUR PERSONAL DATA IN DETAIL: (Please provide any supporting information and documents if available.)		
Explana	ation:	

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5) METHOD OF NOTIFICATION FOR APPLICATION RESULT (Please choose how you would like to receive the response):
O I want it sent to my address.
O I want it sent to my email address.
O I want to receive it in person.
O (In case of receipt by proxy, a notarized power of attorney or authorization document is required.)
6) METHODS OF SUBMISSION OF THE APPLICATION FORM:
You can submit your application in person by delivering a wet-signed copy directly or through a notary to the address BAHRİYE ÜÇOK MAHALLESİ GİRNE BLV. NO: 154 A/ KARŞIYAKA/İZMİR with "Personal Data Protection Law Information Request" written on the envelope. Or;
You can send your request by signing with a "secure electronic signature" defined in the Electronic Signature Law No. 5070 and sending it to the
If you are applying on behalf of someone else, please attach documents proving your authorization

#### I. APPLICATION RIGHT OF THE DATA SUBJECT

(e.g., official guardianship certificate) to the application.

## • Scope of the Right to Apply

According to Article 28 of the KVKK, the following situations are excluded from the scope of the KVKK, and data subjects cannot claim rights in these matters:

(1) Processing of personal data for purposes such as art, history, literature, or science or within the scope of freedom of expression, provided that it does not violate national defense, national security, public security, public order, economic security, privacy of private life, or personal rights, or constitute a crime.



- (2) Processing of personal data for research, planning, and statistical purposes by anonymizing it with official statistics.
- (3) Processing of personal data by public institutions and organizations authorized by law to ensure national defense, national security, public security, public order, or economic security, within the scope of preventive, protective, and intelligence activities.
- (4) Processing of personal data by judicial authorities or enforcement authorities related to investigation, prosecution, trial, or execution procedures.

According to Article 28/2 of the KVKK, except for the right to claim damages, data subjects cannot assert their rights in the following situations:

- (1) If the processing of personal data is necessary to prevent a crime or for a criminal investigation.
- (2) If the data subject has made the personal data public themselves.
- (3) If the processing of personal data is necessary for the performance of supervisory or regulatory duties and disciplinary investigations or prosecutions by public institutions and organizations authorized by law or professional organizations with public institution status.
- (4) If the processing of personal data is necessary to protect the economic and financial interests of the state concerning budget, tax, and financial matters.

#### **II. PROCESSING OF APPLICATIONS**

In accordance with Article 13 of the KVKK, if personal data subjects submit their requests regarding their personal data to us in writing (with a wet signature or an electronic signature equivalent to a wet signature) or by other methods determined by the Personal Data Protection Board, we will conclude the request as soon as possible and within a maximum of thirty (30) days, depending on the nature of the request, after receiving it.

To ensure the security of the data, we may request additional information from the applicant to verify that the applicant is the owner of the personal data in question. Also, to ensure that the personal data subject's request is concluded in a manner appropriate to the request, the data subject may be asked questions related to their application.

### THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

I hereby declare that all the information provided by me in this application form is accurate. I acknowledge that DENTAPOINT has the right to request additional information and documents (such as a copy of an identity card, driver's license, etc.) for the purpose of identity and authority verification, in order to eliminate any legal risks that may arise from unlawful or unauthorized data sharing and to ensure the security of my personal data.

Personal Data Owner / Person Applying on Behalf of Someone Else

Name Surname :

Application Date :



Signature :