PERSONAL DATA INFORMATION / TRANSACTION REQUEST APPLICATION FORM

A – Applicant'	s Contact Information:	
Name: Surname:		
Turkish Identi	ity Number•	
Telephone Nu		
E-mail:		
Address:		
B –Please indic employee, share		stomer, Business Partner, Employee candidate, Former employee, Third-party company
Customer	Business Partner	
Visitor	Other:	
The unit you as	re in contact with in our company:	
Subject:		
		I Shared a Job Application / CV
Lama a Farman	Employee	
I am a Former	Employee	
		Date:
The years I wo	rked:	
The years I was		
		I am a third-party company employee
Other:		. Please specify the company and position information you work for.

C -Please specify your request under the PDP Law in detail:
D -Please choose the method of notifying you for our response to your application:
I want it to be sent to my address.
I want it to be sent to my e-mail address. (Replies by e-mail will reach you sooner.)
I want to receive in person (In case of receipt by power of attorney, a notarized power of attorney is required.)

This application form has been prepared in order to determine your relationship with our Company and to fully determine your personal data, if any, and to respond to your relevant application in a correct and legal time. In order to eliminate the legal risks that may arise from illegal 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 you submit within the scope of the form is not correct and not up-to-date, or an unauthorized application is made, our Company does not accept any liability for such false information or requests arising from unauthorized applications.

Applicant (Personal Data Owner):		
Name and Surname:		
Application Date:		
Signature :		