

APPLICATION FORM

The owners of the personal data defined as "relevant person" in Personal Data Protection Law No. 6698 (KVKK) (hereinafter referred to as the "Applicant") are entitled to make requests concerning personal data processing in Article 11 of KVKK.

Within this framework, the applications to Toksöz Group in "written" form can be submitted to us via;

1.-) personal application of the Applicant

2.-) prepaid reply by a Notary Public.

You may find the information on the written application channels as to how the applications will be delivered to us.

1.-) Personal Application (When the Applicant personally comes and applies with a document proving his/her identity)

Application Address: İstinye Mahallesi Balabandere Caddesi No:14 34460 Sarıyer/İSTANBUL
Information to be Mentioned in the Submission of an Application: The statement of "**Information Request under Personal Data Protection Law**" should be written on the envelope.

2.-) Application via Notary Public:

Application Address: İstinye Mahallesi Balabandere Caddesi No:14 34460 Sarıyer/İSTANBUL

The statement of "**Information Request under the Law on the Protection of Personal Data**" should be written on the notification envelope.

A. Contact Information of the Applicant:

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|---------------|
| First Name: |
| Last name: |
| TR ID Number: |
| E-mail: |
| Phone number: |
| Address: |

B. Please indicate your relationship with Toksöz Group. (Customer, business partner, employee candidate, former employee, third party employee, shareholder, etc.)

I am a Former Employee, Years I Worked:

Job Application/Resume Sharing Date:

I am a Third Party Employee. (Please indicate your company and position)

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Healthcare Professional. (Please indicate your Institution/Unit):

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Other:

Who have you shared your information with in Toksöz Group:

Company:

Unit:

Individual:

Subject:

C. Please specify your request under KVKK in detail:

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D. Please choose your notification preference for the response to your application:

- I want it to be sent to my address.
- I want it to be sent to my e-mail address. (If you choose e-mail, we will be able to respond to you faster.)
- I want to take the delivery by hand. (In case of the delivery by proxy, a notarized power of attorney or a certificate of authority is required.)

This application form is prepared to determine your relationship with Toksöz Group and to determine your personal data processed by Toksöz Group in full, if any so that we can respond to your application properly and in legal period. Toksöz Group reserves the right to request additional documents and information (such as a copy of your identity card or driver's license, etc.) to determine your identity and authority 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. In case you provide incorrect or outdated information regarding your request under this form or in case of an authorized application, Toksöz Group shall not be held responsible for any claims arising due to such incorrect information or unauthorized application.

Application Date:

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

Signature: