

APPLICATION FORM

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General Explanations

Personal data owners defined as the person concerned in the Personal Data Protection Law No.6698 ("PDP Law") (hereinafter referred to as the "Applicant") have been granted the right to make certain requests regarding the processing of their personal data in Article 11 of the PDP Law.

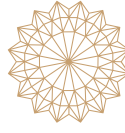
Pursuant to the first paragraph of Article 13 of the PDP Law; The applications to be made to our institution acting as the data controller, regarding these rights must be submitted to us in writing or by other methods determined by the Personal Data Protection Board ("Board").

In this context, the applications to be made to our company may be submitted to us by printing this form via:

- with the applicant's personal application,
- through a notary public,
- by signing with the "secure electronic signature" defined in the Electronic Signature Law No. 5070 by the Applicant and sending it to the registered e-mail address of the Company,
- with the mobile signature method,
- via the e-mail address you have previously notified to our Company and registered in our Company's systems, if any.

Below, provided the information on how to deliver written applications, specific to written application channels.

Application method	Application Address	Information to be indicated in the Application
Applicant's personal application (Applicant must come in person and apply with a document certifying his identity)	THY Sitesi Yolu No: 3 34340 Ulus, İstanbul	"Request for Information within the Scope of the Law on Protection of Personal Data" will be written in the notification envelope.
Notification through a notary	THY Sitesi Yolu No: 3 34340 Ulus, İstanbul	"Request for Information within the Scope of the Law on Protection of Personal Data" will be written in the notification envelope.
Signed with "secure electronic signature", Via Registered Electronic Mail (KEP)	infinityclinic@hs03.kep.tr	"Information Request as per the Personal Data Protection Law" will be written in the subject part of the e-mail.
Via e-mail to be sent from the e-mail address you have previously notified to our company and registered in our Company's systems.	info@ir.clinic	"Information Request as per the Personal Data Protection Law" will be written in the subject part of the e-mail.



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Your applications submitted to us will be answered within thirty (30) days from the date we receive your request, in accordance with paragraph 2 of Article 13 of PDP Law. Our responses will be delivered to you in written or electronic form in accordance with the provision of article 13 of the relevant PDP Law.

APPLICANT'S CONTACT INFORMATION

Name - L. Name:			
TR I.N. or Passport N.:			
Tel. Number:		E-Mail	
Address:			

Please indicate your relationship with our Company.

(e.g. customer, business partner, employee candidate, former employee, third party company employee, shareholder)

Customer

☐

Visitor

☐

Business partner

☐

Other:

The Unit you are in contact with in our company:

Subject:

☐

I am a former Employee

Employment Period :/.....

☐

I Shared Job Application / Resume

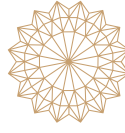
Date:/...../.....

☐

I am an employee of a third party firm

Please specify the company and position information you work for:

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APPLICATION FORM

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Please specify your request under PDP Law in detail:

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Please choose the method by which you will be notified of 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.
(If you choose the e-mail method, we will be able to respond to you faster.)

☐

I want to receive it by hand. (In case of receipt by proxy, it must have a notarized power of attorney or a certificate of authorization.)

This Application Form has been prepared 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 in an accurate and legal time. Our company reserves the right to request additional documents and information (identity card or driver's license copy, etc.) for identification and authorization determination in order to eliminate legal risks that may arise from unlawful and unfair data sharing and especially to ensure the security of your personal data. In the event that the information regarding your requests submitted within the scope of the form is not accurate and upto-date or an unauthorized application is made, our Company does not accept any liability for requests arising from such false information or unauthorized application.

Applicant's (Personal Data Owner)

Name Surname:

Application Date :

Signature: