

MEDİTEKS SAĞLIK HİZMETLERİ TIBBİ MALZEME TEKSTİL ÜRÜNLERİ SANAYİ VE DIŞ TİCARET ANONİM ŞİRKETİ

DATA SUBJECT APPLICATION FORM

Application Method

You may submit requests concerning your rights under Article 11 of Personal Data Protection Law No. 6698 (the “Law”) to our Company using this form and one of the methods below, pursuant to Article 13 of the Law and Article 5 of the Communiqué on Procedures and Principles for Applications to the Data Controller.

	APPLICATION METHOD	APPLICATION ADDRESS	INFORMATION TO INCLUDE
1. Written application	In person bearing a handwritten signature, or through a notary	Mediteks Sağ. Hizm. Tıbbi Malz. Teks. Ürünleri Sa. ve Dış Tic. A.Ş. Organize Sanayi Bölgesi 4. Cadde No:5 Süloğlu/EDİRNE	Write “Kişisel Verilerin Korunması Kanunu Kapsamında Bilgi Talebi” (Information Request under the Personal Data Protection Law) on the envelope/notification.
2. Registered Electronic Mail (KEP)	Using a registered electronic mail (KEP) address	meditekssaglik@hs01.kep.tr	Use the subject “Kişisel Verilerin Korunması Kanunu Bilgi Talebi” (Personal Data Protection Law Information Request).
3. Email address recorded in our system	Using your email address registered in our Company’s system	abdurrahman@mediteks.com	Use the subject “Kişisel Verilerin Korunması Kanunu Bilgi Talebi” (Personal Data Protection Law Information Request).

Applications received will be answered within thirty days of receipt, according to the nature of the request, under Article 13(2) of the Law. Responses will be sent in writing or electronically under Article 13.

Your Identity and Contact Information

Please complete the fields below so we can contact you and verify your identity.

Full name	
Turkish identity number / Passport or identity number for foreign nationals	
Residential / Business address for service of notices	
Mobile telephone	
Telephone number	
Fax number	
Email address	

Please state your relationship with our Company (such as customer, business partner, job applicant, former employee, third-party company employee or shareholder).

☐ Customer ☐ Visitor ☐ Business partner ☐ Other: _____

Department you are in contact with: _____

Subject: _____

☐ Former employee. Years employed: _____

Other: _____

☐ I submitted a job application / CV. Date: _____

☐ I am an employee of a third-party company. Please state your employer and position:

Please describe your request under the Law in detail:

Please select how you would like to receive our response:

☐ I would like it sent to my address.

☐ I would like it sent to my email address.

(We can respond more quickly if you select email.)

☐ I would like to collect it in person.

(For collection by a representative, a notarised power of attorney or authorisation document is required.)

This application form has been prepared to establish your relationship with our Company and fully identify any personal data processed by it, so that we can respond accurately within the statutory period. To eliminate legal risks arising from unlawful or unfair disclosure and particularly to protect your personal data, our Company reserves the right to request additional documents and information (such as a copy of an identity card or driving licence) to verify identity and authority. If information concerning your requests in this form is inaccurate or outdated, or the application is unauthorised, our Company accepts no liability for requests arising from such incorrect information or unauthorised application.

Applicant (Data Subject) Full Name: _____

Application Date: _____

Signature: _____