History : … /…. /……..

Personal data owners, who are defined as the relevant person in the Personal Data Protection Law No. 6698 (“PDP Law”) (hereinafter referred to as the “Applicant”), are granted the right to make certain requests regarding the processing of their personal data in Article 11 of the PDP Law .

In accordance with the first paragraph of Article 13 of the Personal Data Protection Law; applications to be made to our Company, 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, applications to be made to our Company in “written” form can be made by printing out this form;

* of the Applicant ,
* Through a notary,
* By using the “secure electronic signature” defined in the Electronic Signature Law No. 5070 , mobile signature or the e-mail address that you have previously notified to our Company and is registered in our systems,

can be transmitted .

Below, information is provided specific to the written application channels regarding how written applications will be delivered to us.

|  |  |  |
| --- | --- | --- |
| Application Method | Address to Apply​​ | Information to be Specified in Application Submission |
| Application in person (The applicant must come in person and apply with a document proving his/her identity) | **(Dr.Eskalen Plastic Surgery Clinic)** | “Request for Information Within the Scope of the Personal Data Protection Law” will be written on the envelope. |
| Notification through notary | **(Dr.Eskalen Plastic Surgery Clinic)** | “Request for Information Within the Scope of the Personal Data Protection Law” will be written on the notification envelope. |
| By using a secure electronic signature, mobile signature or the e-mail address that you have previously notified to our Company and is registered in our systems. | **dr.eskalen @gmail.com** | The subject of the e- mail will be written as "Personal Data Protection Law Information Request". |

Your applications sent to us will be answered within thirty days from the date your request reaches us , depending on the nature of the request, in accordance with Article 13, paragraph 2 of the Personal Data Protection Law . Our answers will be sent to you in writing or electronically in accordance with Article 13 of the Personal Data Protection Law.



**Dr.Eskalen Plastic Surgery ClinicKVKK APPLICATION FORM**

History : …/…./……

A. Applicant contact information :

|  |  |
| --- | --- |
| Name: |  |
| Surname: |  |
| TR ID Number: |  |
| Telephone Number: |  |
| Email  Email: |  |
| Address: |  |
|  |
|  |

indicate your relationship with our Company. ( Student , graduate, relative of a student or graduate, business partner, candidate employee, former employee, third party company employee, etc.)

|  |  |
| --- | --- |
| * Customer/patient * Worker * Supplier | * Business partner * Other: |
| The Unit you are in contact with within our Company: .................................................................................... | |
| Subject:.................................................................................................................................................................. | |

|  |  |
| --- | --- |
| □ My Former Employee  I Worked :................................................ | □ I Shared My Job Application / CV  History : .................................................................... |
| □ Other :  ........................................................ ........................  ........................................................ ........................ | □ I am a Third Party Company Employee  Please specify the company you work for and your position.  ........................................................ ........................ |



**Dr.Eskalen Plastic Surgery Clinic**

**KVKK APPLICATION FORM**

History : …. /……/……..



**Dr.Eskalen Plastic Surgery Clinic**

**KVKK APPLICATION FORM**

C. Please specify your request within the scope of the Personal Data Protection Law in detail:

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Applicant (Personal Data Owner) Name : Surname :

Application Date :

Signature :

D. Please select the method by which we will notify you of our response to your application:

* I want it sent to my address.
* I would like to receive it in person.

(In case of receipt by proxy, a notarized power of attorney or authorization document is required.)

This application form has been prepared to determine your relationship with our Company, to determine your personal data processed by our Company, if any, in full, and to respond to your application correctly and within the legal period. 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, our Company reserves the right to request additional documents and information (copy of ID card or driver's license, etc.) for identification and authorization. In the event that the information regarding your requests submitted within the scope of the form is not correct and up-to-date or an unauthorized application is made, our Company does not accept liability for requests arising from such incorrect information or unauthorized application.