UNDER LAW NO. 6698 ON THE PROTECTION OF PERSONAL DATA

DATA SUBJECT APPLICATION FORM

1. Data Controller Information

Data Controller	Att. Şenol Öztürk
Address	İnönü Cad. No:43/8 Gümüşsuyu, Beyoğlu/İstanbul
E-mail	ogs@ogslegal.com
Phone	+90 212 240 72 42

2. Right to Apply and Procedure

Pursuant to Article 11 of Law No. 6698 on the Protection of Personal Data (“KVKK”), data subjects may submit requests to the data controller regarding the processing of their personal data. Applications must be made in Turkish, in accordance with Article 13 of the KVKK and the Communiqué on the Procedures and Principles of Application to the Data Controller. The application shall be concluded as soon as possible, and in any event within thirty (30) days, depending on the nature of the request. If the process requires an additional cost, the tariff set by the Board may be applied.

For the application to be considered, the subject matter of the request must be stated clearly and comprehensibly; related information and documents, if any, must be attached to the application. Applications made through an attorney or legal representative must also include the document evidencing the authority to represent.

3. Application Methods

Application Method	Application Address / Channel	Explanation
Written Application	İnönü Cad. No:43/8 Gümüşsuyu, Beyoğlu/İstanbul	In person, through an attorney, via notary, or by mail. It is recommended to write “KVKK Data Subject Application” on the envelope.
Registered E-mail (KEP)	[KEP address to be added if available]	If the application is submitted via KEP, it is recommended to write “KVKK Data Subject Application” in the subject line.
Secure Electronic / Mobile Signature	ogs@ogslegal.com	An application signed with a secure electronic signature or mobile signature may be sent by e-mail.
E-mail Registered in the System	ogs@ogslegal.com	The application must be sent only from the e-mail address previously notified to, and registered in the system of, the Data Controller.

4. Applicant's Identity and Contact Information

Full Name	
Turkish ID Number (T.C. Kimlik No)	
Nationality (if foreign) / Passport No. / ID No. (if any)	
Address for Notification / Workplace Address	
E-mail Address (if any)	
Phone Number (if any)	
Fax Number (if any)	

Your Relationship with OGS Legal	☐ Client ☐ Prospective Client ☐ Website Visitor ☐ Current/Former Employee ☐ Supplier/Business Partner ☐ Other: _____
Applicant's Capacity	☐ On my own behalf ☐ As legal representative ☐ As attorney/proxy
Representative / Attorney Information (if any)	Full Name: _____ Contact: _____

Note: Applicants who are citizens of the Republic of Turkey must state their Turkish ID Number (T.C. Kimlik No); foreign applicants must state their nationality and passport number or, if available, ID number. A signature is mandatory if the application is made in writing.

5. Subject of Request under Article 11 of the KVKK

Please mark one or more options relevant to your application:

Select	Code	Request
☐	A	I would like to learn whether my personal data is being processed.
☐	B	If my personal data has been processed, I request information about it.
☐	C	I would like to learn the purpose of processing my personal data and whether it is used in accordance with that purpose.
☐	Ç	I would like to learn the third parties, in Turkey or abroad, to whom my personal data has been transferred.
☐	D	I request the correction of my personal data if it has been processed incompletely or incorrectly.
☐	E	I request the deletion or destruction of my personal data within the framework of the conditions set out in Article 7 of the KVKK.
☐	F	I request that the correction, deletion, or destruction be notified to third parties to whom my personal data has been transferred.
☐	G	I object to the emergence of a result against me through the exclusive analysis of processed data by automated systems.
☐	Ğ	I believe I have suffered damage due to the unlawful processing of my personal data and request that the damage be compensated.

6. Explanation of Your Request

Please explain your request, specifying as concretely as possible which personal data, processing activity, date, or event it relates to. You may attach relevant information and documents.

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7. Information and Documents Attached to the Application

No	Name / Description of Document	Pages / Quantity
1		
2		
3		
4		

8. Preferred Method for Receiving the Response

☐ By mail, to the notification address I provided above.

☐ By e-mail, to the e-mail address I provided above.

☐ In person. (If received by proxy, a power of attorney must be presented.)

9. Brief Notice on the Processing of Personal Data under this Application Form

The identity, contact, application, and supporting document information you share through this form is processed for the purposes of receiving your application, verifying your identity and, where necessary, your authority to represent, evaluating and concluding your request, responding to you, and fulfilling the Data Controller's legal obligations under the KVKK; depending on the specific processing activity, this is based on the legal grounds of fulfillment of a legal obligation under KVKK Art. 5/2(ç) and/or the establishment, exercise, or protection of a right under KVKK Art. 5/2(e).

Please refrain from including in the form any special category personal data or personal data belonging to third parties that are not necessary for your application. Where necessary to determine the true identity of the applicant, the Data Controller may request additional information or documents proportionate to the nature of the application.

10. Applicant's Declaration

I declare that the information and documents stated in this Application Form are accurate and up to date, that the application concerns myself, or, if I am applying on behalf of another person, that I hold valid authority to represent that person. I accept that, for the purpose of evaluating my request, the Data Controller may request additional information and documents where necessary to verify my identity and/or authority to represent.

Applicant's Full Name	
Application Date	____ / ____ / _____
Signature (mandatory for written applications)	
Representative / Attorney's Full Name (if any)	
Representative / Attorney's Signature (if any)	

11. Section to be Completed by the Data Controller

Date Application Received	____ / ____ / _____
Application Registration No.	
Application Method	☐ Written ☐ KEP ☐ Secure E-Signature/Mobile Signature ☐ Registered E-mail in System ☐ Other
Identity / Authority Verification	☐ Completed ☐ Additional information/documents requested ☐ Not applicable
Relevant Unit / Attorney	

Outcome	☐ Accepted ☐ Partially Accepted ☐ Rejected
Response Date	____ / ____ / _____
Explanation / Processing Note	

Implementation Note: Responses to applications must be prepared as soon as possible, and in any event within 30 days, depending on the nature of the request; where the application is accepted, the required action must also be carried out. The retention of records relating to the application and response must comply with applicable internal procedures with respect to information security and access authorizations.

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