

Personal data owners (here in after referred to as “data owners”) who are defined as the relevant persons in Law on Personal Data Protection no. 6698 (“DP Law”) are entitled to certain rights regarding the processing of their personal data in the article 11 of the DP Law. Sestek Ses ve İletişim Bilgisayar Teknolojileri Sanayi Ticaret A.S. (here in after referred to as “Sestek”) we provide this “Personal Data Owner Application Form” to your information in order to submit your requests for your rights.

Within this framework, the applications to be made “in written” to our Company must be sent with registered letter with return receipt using this form.

Application method	Address of Application	Information to be included
Individual Application (Applicant must come and apply by proofing his/her identity)	Sestek Istanbul Office: Ayazaga Mahallesi Cendere Cad. 109B Vadistanbul Bulvar 1B Office Block No:4 / 34396 Sariyer, Istanbul–Turkey	“Request for Personal Data Protection Law” shall be written on the letter
Declaration through a notary public	Sestek Istanbul Office: Ayazaga Mahallesi Cendere Cad. 109B Vadistanbul Bulvar 1B Office Block No:4 / 34396 Sariyer, Istanbul–Turkey	“Request for Personal Data Protection Law” shall be written on the letter
Application by e-signature	sestek@hs03.kep.tr	Sending to KEP e-mail address by signing secure e-signature
Application by e-mail	privacy@sestek.com	The subject of mail shall be “Request for Personal Data Protection Law”

Your applications that are submitted to us shall be replied “within the shortest time possible and within thirty days at the latest” following the delivery according to the nature of the request as per the 2nd paragraph of article 13 of the DP Law. Replies will be sent to you “in written” or electronically in accordance with article 13 of the DP Law.

1. The identity and contact information of the personal data subject as applicant

Name		Surname	
Turkish I.D. Number or Passport Number		Cell phone number	
E-mail address			
Address	<input type="checkbox"/> Residential <input type="checkbox"/> Work		

2. Relationship with the establishment

If your relationship is related with employee, fill the below area.

<input type="checkbox"/> Employee	
<input type="checkbox"/> Former Employee	Working time interval (m/y): (.....)
<input type="checkbox"/> 3. Party Company Employee	Working company and position: (.....)
<input type="checkbox"/> Employee candidate	Application date (m/y): (.....)

<input type="checkbox"/> Other	(.....)
Contact person or department in our company: (.....)	
Subject of meeting: (.....)	

If your relationship is related with services, fill the below area.

<input type="checkbox"/> Customer	<input type="checkbox"/> Business partner
<input type="checkbox"/> Visitor	<input type="checkbox"/> Other
Contact person or department in our company: (.....)	
Subject of meeting: (.....)	

3. Please specify in detail your request deriving from the DP Law and the personal data that are subject to your request.

.....

.....

.....

.....

.....

.....

.....

4. Please choose the method of notification for receiving our reply to your request:

- I would like the reply to be delivered to my address.
- I would like the reply to be delivered to my e-mail address.
- I would like to receive it by hand.

(In case of receiving by proxy, a notarized power of attorney or certificate of authority must be present and attached to this application form)

Description

This application form is drafted in order to respond to your request correctly and in due time by determining your relationship with our Company and, if any, your personal data processed by our Company in precise. Our company reserves the right to request additional document and information (Copy of Identification Card or Driver's License, etc.) for the purpose identification and authorization check, in order to eliminate the legal risks from illegal and unjust data sharing and especially ensuring the security of your personal data. If the information you conducted within the scope of the form is not correct or up-to-date or in case of an unauthorized application, our company declines any responsibility arising from the requests regarding the incorrect information or unauthorized application. You hold all the responsibility arising from illegal, misleading, or incorrect applications.

Name Surname	
Date of Application	
Signature	