

# APPLICATION FORM

## I. General Information

In the Law No. 6698 on the Protection of Personal Data (“**LPPD**”), the personal data holders identified as the data subject (“**Applicant**”) have been granted the right to direct certain requests for the processing of their personal data under Article 11 of the LPPD.

This application form has been set out to respond to your application in the correct manner and within the statutory period, to take any administrative and technical measures required for the conclusion of your relevant application in an efficient manner in compliance with the law and the rule of integrity, to completely determine the personal data processed by our **Fortemedcare** by means of observing your relationship with Akademi Turizm ve Organizasyon Ticaret A.Ş. (“**Forte Medicare**”). Our Company reserves the right to request additional documents and information (copy of identity card or driver's license, etc.) in order to determine the identity and authority and to eliminate the legal risks that may arise due to illegal and unlawful data sharing and especially to ensure the protection of your personal data. In the event that the information regarding your request, which you submit in the Application Form is not correct and up-to-date or an unauthorized application contrary to the LPPD is made, **Fortemedcare** shall not be responsible for the requests placed under such misinformation or for inappropriate applications. **Fortemedcare** shall have no legal responsibility if the information and documents required to be submitted in your application are not sent to our side in accordance with the relevant provisions of the Communiqué on the Procedures and Principles of Application to the LPP Board and to the Data Controller (“**Communiqué**”).

Pursuant to Article 13 (1) of the LPPD and the **Communiqué**, the applications to be made to the data controller **Fortemedcare** regarding these rights must be submitted in the Turkish language.

Pursuant to paragraph 1 of Article 13 of the LPPD and Article 5 of the Communiqué, the applications to be filed to **Fortemedcare** within the framework determined by the Personal Data Protection Board (“**PDP Board**”) should be sent to our side:

- In written form,
- By registered electronic mail address (KEP),
- Using Secure Electronic Signature,
- Using Mobile signature
- Using the e-mail address previously notified by the applicant to the data controller and registered in the system of the data controller,

Below, information is given specific to written application channels regarding how the written applications will be delivered to **Fortemedcare**.

<b>Application Method</b>	<b>Application Address</b>	<b>Information to be stated during the Application Process</b>
Personal Application (Application by the applicant personally by validating his/her identity)	Reşitpaşa Mahallesi Posta Yolu Caddesi No: 5 Sarıyer / İstanbul	"Information Request within the scope of Law on the Protection of Personal Data" should be written on the envelope.
Through a notary public,	Reşitpaşa Mahallesi Posta Yolu Caddesi No: 5 Sarıyer / İstanbul	"Information Request within the scope of Law on the Protection of Personal Data" shall be written on the notification envelope.
By being signed with a "Secured Electronic Signature" and sending it to the registered Company electronic mail address (KEP)	<a href="mailto:akademiturizm@hs03.kep.tr">akademiturizm@hs03.kep.tr</a>	"Information Request on the Law on the Protection of Personal Data" should be written in the subject line of the e-mail

Your applications communicated to **Fortemedcare** shall be responded in the shortest time possible and within 30 (thirty) days at the latest as of the date your request has been received by our side as per paragraph 2 of article 13 of the LPPD, depending on the nature of the request. Our responses shall be sent to you in written form or electronically in accordance with Article 13 of the LPPD.

## II. Content of the Right to Apply

As per Article 11 of the LPPD, every person has the right to apply to Fortemedcare and place their requests described in detail in article V by means of the above-mentioned methods and set forth by the LPPD and the other legislation, with the exceptions set out in Article 28 of the LPPD.

## III. Applicant's Contact Information

Name (*)	
Surname (*)	
Turkish Republic Identity/Passport No. (*)	
Telephone Number	

E-mail	
The place of residence or place of business for notification (*)	

(\*: Required fields .)

**IV. Your relationship with Fortemedcare**

<input type="checkbox"/> Customer <input type="checkbox"/> Visitor <input type="checkbox"/> Employee <input type="checkbox"/> Employee Candidate	<input type="checkbox"/> Product or Service Recipient <input type="checkbox"/> Other: ..... .....
The department you are in contact with in Fortemedcare  Department: ..... Subject: ..... .....	

**V. Request Subjects that may be directed by the Personal Data Owner to Fortemedcare (\*)**

No	Issues to be Requested and Legal Basis	Your selection
1	I would like to know if Fortemedcare processes my personal data or not. <i>(Sub-paragraph a of paragraph 1 of Article 11 of the LPPD)</i>	<input type="checkbox"/>
2	If my personal data is being processed, I request information about this data processing activity. <i>(Sub-paragraph b of paragraph 1 of Article 11 of the LPPD)</i>	<input type="checkbox"/>
3	I would like learn the purpose of processing personal data and whether it is used appropriately in accordance with this purpose, <i>(Sub-paragraph c of paragraph 1 of Article 11 of the LPPD)</i>	<input type="checkbox"/>
4	I request information about whether my personal data has been transferred to third parties at home and/or abroad, and if so, information about such third parties to whom my personal data has been transferred. <i>(Sub-paragraph d of paragraph 1 of Article 11 of the LPPD)</i>	<input type="checkbox"/>
5	I request the correction of my deficient or incorrectly processed personal data before the third parties to whom my personal data has been transferred. (If requested, accurate and supplementary information/documents should be sent for the correction of the personal considered to be deficient or incorrect by	<input type="checkbox"/>

	your side.) <i>(sub-paragraph d of paragraph 1 of article 11 of the LPPD)</i>	
6	I think the reasons that require the processing of my personal data have been removed and in this context, I request that my personal data a) be deleted. b) be destroyed. <i>(Sub-paragraph e of paragraph 1 of Article 11 of the LPPD)</i>	Only one box can be checked. a) <input type="checkbox"/> b) <input type="checkbox"/>
7	I would also like to have my personal data corrected(within the scope of my request in Box 5) which I think is incomplete or incorrectly processed by third parties to whom it is transferred. <i>(Sub-paragraph f of paragraph 1 of Article 11 of the LPPD)</i>	<input type="checkbox"/>
8	I would like to have the transactions notified to thirdparties to whom my personal data has been transferred in accordance with my request for deletion or destruction (within the scope of my request in Box 6). <i>(Sub-paragraph f of paragraph 1 of Article 11 of the LPPD)</i>	<input type="checkbox"/>
9	I think that the analysis of my personal data exclusively through automated systems cause outcomes resulting in disadvantage against my side. I object to this outcome. <i>(Sub-paragraph g of paragraph 1 of Article 11 of the LPPD)</i>	<input type="checkbox"/>
10	I have suffered damages due to the unlawful processing of my personal data. I hereby demand that this damage be remedied. <i>(Sub-paragraph h of paragraph 1 of Article 11 of the LPPD)</i>	<input type="checkbox"/>

**VI. You can specify the subject of your request within the scope of the LPPD in detail**

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## **VII. Procedure and Period of Response to Applications**

Fortemedcare shall finalize the application requests duly filed by the Applicant free of charge within 30 (thirty) days at the latest depending on the nature of the request in accordance with Article 13 of the LPPD. However, if the transaction requires a respective cost and the conditions stipulated by the Personal Data Protection Board are covered, the fee in the tariff will be charged by the Data Controller. Fortemedcare will accept or reject the complaint due to the below listed reasons by stating the grounds and notify the Data Subject in written form or in electronic format.

## **VIII. Personal Data Subject's Right to Complaint to the PDP Board**

In the case the application is rejected or the response is found to be inadequate or the response is not given in due time, a complaint may be filed to the PPD Board by the personal data holder within thirty days from the date of receipt of the reply of the data controller or in any case, within sixty days as of the date of application as per article 14 of the LPPD. No complaint may be placed unless the remedy of application has exhausted under Article 13 of the LPPD.

## **IX. The Applicant's Statement**

Pursuant to my above-mentioned requests, I hereby agree, represent and undertake that the information and documents that I have provided to your side during my application are correct, up-to-date and belong to my side.

### **The Applicant's:**

Name and Surname (\*) :

Turkish Republic Identity/Passport No. (\*) :

The place of residence for notification  
or Business Address (\*) :

Date of Application :

Signature (\*) :

**(NOTE:** *The fields having the (\*) mark in the text are fields required to be filled and submitted pursuant to the LPPD and the relevant legislation.*