**ÖZALTIN OTEL İŞLETMELERİ A.Ş.**

**DATA SUBJECT APPLICATION FORM**

**Application Method**

 Pursuant to Article 13 of the Law and Article 4 of the Communiqué on the Procedures and Principles of Application to the Data Officer, you can submit your application and requests, within your rights listed in Article 11 of Personal Data Protection Law No. 6698 (“**Law**”), with this form and through one of the methods described below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **APPLICATION METHOD** | **ADDRESS TO BE APPLIED** | **INFORMATION TO BE DISPLAYED IN THE APPLICATION** |
| 1. **Application by writing**
 | Application in person with wet-ink signature or through a notary public | Belek Turizm Cad.No:12A/A Serik Antalya / Turkey |  “Information Request as per the Personal Data Protection Law” shall be written on the envelope/notice.  |
| 1. **Via Registered Electronic Mail (KEP)**
 | Via Registered Electronic Mail (KEP) | ozaltinotel@hs02.kep.tr  |  “Information Request as per the Personal Data Protection Law” shall be written in the subject section of the e-mail. |
| 1. **Application via the E-Mail Address Registered in Our System**
 | By using your e-mail address as it is registered in our Company’s system  | info@gloria.com.tr  |  “Information Request as per the Personal Data Protection Law” shall be written in the subject section of the e-mail. |
| 1. **Application via an E-Mail Address Not Registered in Our System**
 | By using an e-mail address not already registered in our Company’s system, in a way to include mobile signature/e-signature | info@gloria.com.tr  |  “Information Request as per the Personal Data Protection Law” shall be written in the subject section of the e-mail. |
| 1. **Application via app**
 |  |  |  |

**Your Identity and Contact Information**

Please complete the following sections so that you may be contacted and your identity verified.

|  |  |  |
| --- | --- | --- |
| Name-Surname | : |  |
| T.R. Identification number /Passport Number or Identification Number (for Non-Turkish citizens) | : |  |
| Residence Address/Work Address for Notice | : |  |
| Mobile Phone Number | : |  |
| Phone Number | : |  |
| Fax Number | : |  |
| E-Mail Address | : |  |

**Relationship with Our Company**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relationship with Our Company | : | Customer  |  | Employee |  |
| Former Employee |  | Other *(Please Specify)* |  |

**Requisition Subject**

|  |
| --- |
| Please clearly state your request regarding your personal data below. Information and documents related to the issue should be attached to the application. |
|  |

**Please Select the Notification Method for Response**

I want the response to be sent to the postal address that I have provided in section 2.

I want the response to be sent to the electronic mail address that I have provided in section 2.

I want the response to be sent to the fax number that I have provided in section 2.

In accordance with the foregoing requests, I kindly ask you to evaluate the application that I have filed with your Company under Article 13 of the Law.

I do hereby declare and undertake that the information and documents, which I have provided to you within this application, are correct and genuine; that I have been informed that your Company may request additional information for the conclusion of my application; and that I may be required to pay a fee, should any expenses be incurred as prescribed by the Board of Personal Data Protection.

**Related Applicant (Data Subject)**

**Name Surname :**

**Date of Application :**

**Signature :**