

PERSONAL DATA INFORMATION AND PROCESSING



REQUEST FORM

In accordance with Article 11 of the Personal Data Protection Law No. 6698 ("KVK Law"), data subjects (hereinafter referred to as the "Applicant") are granted the right to make certain requests regarding the processing of their personal data.

Pursuant to the first paragraph of Article 13 of the KVK Law, requests related to these rights must be submitted to our Company, the data controller, in writing or through other methods determined by the Personal Data Protection Authority ("Authority").

In this context, written requests to be made to our Company should be submitted as follows:

By printing out this form, completing it clearly and fully, and sending it via postal mail to the address of Remed Assistance, Maslak, Büyükdere Cad. N° 237/316 Noramin İş Merkezi Sarıyer 34398 İstanbul Turkey, with a wet signature.

By the applicant applying in person.

Via notarized application.

By signing with a "secure electronic signature" as defined in Law No. 5070 on Electronic Signatures, and sending it to our institution's registered e-mail address, remed@hs03.kep.tr

Your submitted requests will be responded to within thirty days from the date we receive your request, in accordance with the second paragraph of Article 13 of the KVK Law. Our response will be delivered to you in writing or electronically, in accordance with the provisions of Article 13 of the KVK Law.

A - Contact Information of the Applicant:

Name:

Surname:

TC ID Number:

Phone Number:

E-mail:

Address:

B - Please specify your relationship with our company.

(Customer, Business Partner, Job Candidate, Former Employee, Third-Party Company Employee, Shareholder, etc.)

☐ Customer ☐ Business Partner ☐ Visitor

☐ Other

The department you are in contact with within our company:

Topic:

☐ Former employee - Years of employment:

☐ Job application / shared my resume. Date:/...../.....

☐ Third-party company. Please specify the company you work for and your position

C - Please specify your request under the scope of the Personal Data Protection Law in detail:

D - Please select the method by which you would like to receive the response to your application:

☐ Send to my address.

☐ Send to my email address. (Responses sent via email will reach you faster.)

☐ Receive it in person. (In case of receipt by proxy, a notarized power of attorney is required)

This application form has been prepared to identify your relationship with our company, determine any personal data processed by our company, and ensure that we can provide a correct and legal response to your application within the legal time frame.

In order to eliminate legal risks that may arise from unlawful and unfair data sharing and, in particular, to ensure the security of your personal data, our company reserves the right to request additional documents and information (such as a copy of your ID card or driver's license) for identity and authorization verification.

If the information provided in your request is incorrect or outdated, or if an unauthorized application is made, our company does not accept any liability for claims arising from such incorrect information or unauthorized applications.

Applicant (Personal Data Owner)

Name Surname

Application Date

Signature