

**ALADDIN MIDDLE EAST LIMITED LIABILITY COMPANY ANKARA TURKEY
BRANCH**

DATA OWNER APPLICATION FORM

This application form will be filled out by the data owner and transmitted to the data officer.

1. Application Method

Pursuant to the Article 13 of the Personal Data Protection Law (“**PDP Law**”) No 6698 and Article 5 of the "Communiqué on Procedures and Principles for Application to the Data Controller, your requests within the scope of rights as listed in Article 11 of the PDP Law should be transmitted in writing and by using this form:

- In person
- Through notary public

The written information about how your written applications will be delivered to us based on the application channels, respectively, is explained below.

APPLICATION METHOD	APPLICATION ADDRESS	INFORMATION TO BE GIVEN IN THE APPLICATION
Personal application with wet signature or through notary public	Karum İş Merkezi İnan Caddesi No:21/394 Kavaklıdere Çankaya/ANKARA	It will be written on the envelope / notification “Information Request under the Law on Protection of Personal Data”.

Your applications submitted to us shall be responded within thirty days from the date of receipt of your request based on the nature of it, pursuant to Paragraph 2 of Article 13 of the PDP Law. Our responses shall be delivered to you in writing or in electronic form in accordance with the provisions of Article 13 of the relevant PDP Law.

1. Personal Data (applicant) Owner's Identification and Contact Details

Please fill in the following fields in order can contact you and verify your identity.

Aladdin Middle East Limited Şirketi - Türkiye Ankara Şubesi

Veri Sahibi Başvuru Formu

Name - Surname	:	
TR. ID No/ Passport Number for Other Country Citizens	:	
Address / Work Place Address Based on Notification	:	
Mobile Phone Number	:	
Phone Number	:	
Fax Number	:	
E-mail address	:	

2. Please indicate your relationship with Our Company (Such as customer, business partner, employee candidate, former employee, third party company employee, shareholder.)

<input type="checkbox"/> Customer	<input type="checkbox"/> Business partner
<input type="checkbox"/> Visitor	<input type="checkbox"/> Other:
The unit you communicate within our company:	
Subject:	

<input type="checkbox"/> I am a former employee Years I Worked:	<input type="checkbox"/> I Made Job Application / Shared My Resume Date :.....
<input type="checkbox"/> Other:	<input type="checkbox"/> I am Third Party Company Employee. Please indicate company information and your position

3. Please indicate in detail your request within the scope of PDP Law:

.....
.....

Veri Sahibi Başvuru Formu

respond to your application accurately and within legal period. Our Company reserves the right to request additional documents and information (copy of identity card or driver's license and so on) in order to eliminate legal risks that may arise from sharing of data in an unlawful and unfair manner, to determine identity and authority and in particular to ensure the security of your personal data. Our company does not accept liability for any such false information or unjustified application due to the fact that the information you are submitting is not accurate or up to date or if an unjustified application is made.

The Applicant (Personal Data Owner) Name and Last Name :

Application Date :

Signature :