MOMENTO LEGAL PARTNERS

DATA SUBJECT APPLICATION FORM

Information Request Form in accordance with the Law on the Protection of Personal Data No. 6698

Pursuant to Article 11 of the Law on the Protection of Personal Data No. 6698 and the Communiqué on the Procedures and Principles of Application to the Data Controller, you may submit your requests regarding your personal data to the data controller MOMENTO LEGAL PARTNERS by filling in and signing this form completely.

Data Controller: MOMENTO LEGAL PARTNERS I Address: Maslak Mah. Aos 55. Sk. No:2 İç Kapı No:236 Sarıyer/İstanbul
Tel: 0212 890 80 55 I E-mail: info@momentolegal.com

1. INFORMATION REGARDING THE APPLICANT (THE PERSON CONCERNED)

Name - Surname	
Turkish ID Number	
(For Foreigners) Nationality / Passport No / ID No	
Domicile or Workplace Address Based on Notification	
Telephone Number	
Fax Number	
E-mail Address	

2. YOUR RELATIONSHIP WITH THE DATA CONTROLLER

□ Customer □ Former Employee □ Employee Candidate □ Visitor □ Other: _____

3. SUBJECT OF THE REQUEST (Law No. 6698, Article 11)

□ a) I would like to learn whether my personal data is processed or not.
□ b) If my personal data has been processed, I request information about it.
□ c) I would like to learn the purpose of processing my personal data and whether they are used in accordance with that purpose.
□ ç) I would like to know the third parties to whom my personal data is transferred in the country or abroad.
□ d) I would like my personal data to be corrected in case of incomplete or incorrect processing.
□ e) I would like my personal data to be deleted or destroyed within the framework of the conditions stipulated in Article 7 of the Law.
□ f) I would like the operations carried out under items (d) and (e) to be notified to the third parties to whom my personal data has been transferred.
□ g) I object to the emergence of a result against me through the analysis of my processed data exclusively by automated systems.
□ h) I request the compensation of the damage I have suffered due to the unlawful processing of my personal data.

4. EXPLANATION REGARDING YOUR REQUEST

5. METHOD OF DELIVERY OF THE RESPONSE TO YOU

□ I would like it to be sent to the address I have specified above.
□ I would like it to be sent to the e-mail address I have specified above.
□ I would like to receive it in person (in case of delivery by proxy, a notarized power of attorney must be presented).

6. DECLARATION

I accept and declare that the information I have provided in this application form is accurate and up to date, and that this application belongs to me personally. Depending on the nature of my request, my application will be concluded as soon as possible and within thirty days at the latest.

Name - Surname **Date of Application** **Signature**

Application / Delivery Method: You may submit the printed form to our company (1) in person, (2) by registered mail with return receipt, or (3) via notary public. When the form is sent to our company, it must be placed in an envelope and “Information Request Regarding Personal Data” must be written on the envelope. Applications must belong to the person concerned; an application may not be made on behalf of another person.