

DATA SUBJECT APPLICATION FORM

APPLICATION FORM ON PERSONAL DATA PROTECTION LAW (KVKK)

1. GENERAL EXPLANATIONS

You may submit your requests regarding your rights listed in Article 11 of the Personal Data Protection Law No. 6698 (“Law”) to İstanbul Akvaryum Turizm Ticaret Anonim Şirketi (“Company”), acting as the Data Controller, via this form in accordance with Article 13 of the Law and Article 5 of the Communiqué on the Procedures and Principles of Application to the Data Controller.

2. APPLICANT'S IDENTITY AND CONTACT INFORMATION

It is mandatory to fill in the fields below in order to fulfill your request regarding your application and to contact you.

Information	Details
Name – Surname:	
T.C. Identity Number: <i>(Passport/ID No for Foreigners)</i>	
Notification Address:	
Mobile Phone:	
E-mail Address: <i>(If response via e-mail is requested)</i>	
KEP (Registered E-mail) Address: <i>(If applicable)</i>	

3. YOUR RELATIONSHIP WITH OUR COMPANY

Please indicate your relationship with our Company (Customer, Employee, Candidate, Supplier, etc.).

Relationship Type:

- Customer
- Visitor
- Employee Candidate
- Business Partner/Supplier
- Former Employee
- Other:

Description:

Relationship Period

(E.g.: Between years 2023-2024, Job interview dated 01.01.2024, etc.)

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Unit/Person You Are in Contact With

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4. YOUR REQUESTS UNDER THE LAW

Please check and detail your request(s) within the scope of Article 11 of the Law below.

Selection	Subject of Request
<input type="checkbox"/>	I want to learn whether your Company processes personal data about me.
<input type="checkbox"/>	If my personal data has been processed, I request information regarding this.
<input type="checkbox"/>	I want to learn the purpose of processing my personal data and whether they are used in accordance with their purpose.
<input type="checkbox"/>	I want to know the third parties to whom my personal data is transferred domestically or abroad.
<input type="checkbox"/>	I want my personal data to be corrected if it is incomplete or incorrectly processed. <i>(Please specify the data you want to be corrected and the correct information in the explanation section.)</i>
<input type="checkbox"/>	I want my personal data to be deleted or destroyed within the framework of the conditions stipulated in Article 7 of the Law.

Selection	Subject of Request
<input type="checkbox"/>	I want the correction of incomplete/incorrectly processed data or the deletion/destruction of data to be notified to the third parties to whom my data has been transferred.
<input type="checkbox"/>	I object to the occurrence of a result against me by analyzing my processed data exclusively through automated systems.
<input type="checkbox"/>	I request compensation for the damage if I suffer damage due to unlawful processing of my personal data.

Explanations Regarding the Request:

(Please specify the details regarding your request, date, event, and other relevant issues below. If any, please attach the documents related to the subject to the form.)

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5. METHOD OF APPLICATION

You can submit your application to our Company through one of the following methods:

- **Personal Application:** You can apply in person to the address **Şenlikköy Mah. Yeşilköy Halkalı Cad. No:95/1 Florya, Bakırköy/İstanbul** with a wet-signed copy of the form and documents verifying your identity.
- **Via Notary Public:** You can send the form to our address above via a notary public.
- **Registered Electronic Mail (KEP):** You can send your application to our Company's KEP address by signing it with a secure electronic signature.
- **Electronic Mail:** You can send your application to **kvkk@cpistanbulflorya.com** from your electronic mail address registered in our Company's systems.

6. METHOD OF NOTIFYING THE RESPONSE

Please choose the method by which the response to your application will be delivered to you:

I want it to be sent to my address via post.

I want it to be sent to my e-mail address.

(If you choose the e-mail method, the response will reach you faster.)

I want to receive it by hand. (In case of receipt by proxy, a notarized power of attorney or authorization document is required.)

7. DECLARATION AND COMMITMENT

In line with the requests I have stated above, I kindly request that my application to your Company be evaluated in accordance with Article 13 of the Law and that I be informed.

I declare and undertake that the documents and information I have provided to you in this application are accurate, up-to-date, and belong to me. I consent to the processing of the information I shared in the application form by your Company for the purpose of finalizing my application and managing the process.

Applicant Name Surname:

Application Date: / / 20.....

Signature: