

## The Application Form for Data Subject Request

### GENERAL INFORMATION

The data subjects (hereinafter referred to as "Applicant") have been given the right to make certain requests for the processing of their personal data in Article 11 of the Personal Data Protection Law No. 6698 ("PDPL")

In accordance with Article 13/1 of the aforementioned Law, the data subject shall file an application to the data controller in writing or by other means to be determined by the Personal Data Protection Board.

It is important that the personal data we hold about you is accurate and up to date. Therefore, please inform us if any changes have occurred to your personal data. In accordance with Article 11 of PDPL, you have the right to request from the data controller;

- a) to learn whether your personal data are processed or not,
- b) to learn the purpose of the processing of your personal data and whether these personal data are used in compliance with the purpose,
- c) to know the third parties to whom your personal data are transferred in country or abroad,
- d) to request the rectification of the incomplete or inaccurate data, if any,
- e) to request the erasure or destruction of your personal data under the conditions referred to in Article 7,
- f) to request reporting of the operations carried out pursuant to sub-paragraphs (d) and (e) to third parties to whom your personal data have been transferred,
- g) to object to the existence of a result against yourself by analyzing the data processed solely through automated systems,
- h) to claim compensation for the damage arising from the unlawful processing of your personal data.

Within this framework, the applications to be made to the Surgery in writing, by printing out [this form](#) and by writing the " Information Request about Personal Data " on the envelope or on the subject; It can be sent

- personally by the applicant,
- via a notary or return receipt requested,
- by registered e-mail address of our Company.

### DATA SUBJECT REQUEST FORM

In accordance with the rights you have as a Data Subject laid down in the Personal Data Protection Law No. 6698 ("PDPL"), this is the Form prepared for the fulfillment of your application to **Op.Dr. Remzi Firinciogullari's Surgery (Data Controller)** related to your personal data. Please clearly and completely fill out each section reserved for you in the Form. You can forward it to the Contact Person, **Remzi Firinciogullari**, along with a wet-ink signature, to the correspondence address of the **Data Controller**.

#### Contact Details:

Çınar Mahallesi Üniversite Caddesi No: 103 C Bornova İzmir Tel: 90 533 435 01 25

Email: [remzifirinciogullari@yahoo.com](mailto:remzifirinciogullari@yahoo.com)

#### Contact Person :

**Remzi Firinciogullari** | Op. Dr.

*Your application will be answered as soon as possible within 30 days at the latest in accordance with the legal provisions. Even if the information and documents you provide are incomplete or incomprehensible, we would like to make you know that we will contact you as a Data Controller to finalize your application.*



## 1. DATA SUBJECT'S IDENTITY AND CONTACT INFORMATION

Surname, Name	
ID / PASSPORT NO	
Phone Number	
Address	
E-Mail Address	
The Organization To be Applied	
Your Relationship With Our Organization	<i>(Patient, third-party company employee, etc.)</i>

## 2. INFORMATION REGARDING THE SELECTION OF THE RIGHT TO BE USED BY THE DATA SUBJECT

*(Please check the box next to the statement appropriate to your request.)*

<input type="checkbox"/>	I want to know if your organization processes personal data/data of my own.
<input type="checkbox"/>	If your organization processes personal data/data of my own, I request information about the processing activities.
<input type="checkbox"/>	If your organization processes any of my personal data, I would like to know the purpose of processing and whether it is used in accordance with the purpose of processing.
<input type="checkbox"/>	If my personal data is transferred to third parties in country or abroad, I want to know those third parties.
<input type="checkbox"/>	I think my personal data is incomplete or inaccurately processed and I want it corrected.
<input type="checkbox"/>	I want my personal data to be erased, even if it has been processed in accordance with PDPL and other relevant legislative provisions.
<input type="checkbox"/>	I want my personal data that may be incomplete and inaccurately processed, to be corrected in the presence of third parties.
<input type="checkbox"/>	I want my personal data, which I requested from you to be erased, also to be erased by the transferred third parties as well.
<input type="checkbox"/>	I think that my personal data processed by your organization are analyzed solely through automated systems, and as a result of this analysis, there is a result against myself. I object to that result.

3. EXPLANATION (Please provide detailed information about your request under PDP and the personal data that is subject to your request.)

4. ANNEXES

(Please indicate if you have a document to support your application.)

5. PLEASE SELECT THE NOTIFICATION WAY FOR THE RESPONSE TO YOUR APPLICATION.:

- Please send your reply to my address.
- Please respond via my email address.
- I want your reply delivered by hand

6. DECLARATION OF DATA SUBJECT

This application form has been prepared in order to determine my relationship with your Organization, and, to respond to my application accurately and legally by determining my personal data and quality, if any, processed by your Organization. The Surgery reserves the right to request additional information and documents (copy of identity card or driver's license etc.) for identification/authorization, in order to eliminate the legal risks that may arise from sharing in violation of the procedures and principles stipulated in the Law and especially to ensure the security of my personal data. In case the information I've mentioned in the form is not correct and up-to-date, or an unauthorized application is made, the Surgery does not accept any liability for such false information or requests arising from unauthorized application. All responsibility arising from illegal, misleading or inaccurate applications will belong to me.

Data Subject/Authorized Person Applying On Behalf Of<sup>1</sup> \*\*

Name Surname :

APPLICATION DATE :

Signature

<sup>1</sup> If you are applying on behalf of someone else, send the documents indicating that you are authorized to apply (such as a document showing that you are the parent/guardian/deputy of the data subject, such as power of attorney) in the annex of your application. These documents must be issued or approved by the competent authorities in order to be accepted as valid.

\*\* Applications must be personal. Applications cannot be made on behalf of spouse, close, child etc. If Surgery suspects the identity of the applicant, it can request verification information about it from the person. In case the information you submit under the form is not correct and up-to-date, or an unauthorized application is made, our Surgery does not accept any liability for such false information or requests arising from unauthorized application.