

DATA SUBJECT APPLICATION FORM

1. Contact Information

For the purpose of identity verification and to contact you, please fill in the following fields.

Name: _____ Surname: _____
ID No: _____ Phone number: _____
E-mail: _____ Address: _____

2. Relationship with our company

Please indicate your relationship with our company.

Customer <input type="checkbox"/>	Former Employee <input type="checkbox"/>	Years of Service-.....
Partner <input type="checkbox"/>	Candidate/Job Applicant <input type="checkbox"/>	The date on which the resume was shared with us:
Visitor <input type="checkbox"/>	Third Party Employee <input type="checkbox"/>	Please indicate your company and job title.
Other <input type="checkbox"/>	Please Specify.	

Please indicate the department you are in contact with in our Company.

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3. Please state your request for your personal data in detail below.

4. Please choose the notification method of our response to your application.

I want it to be sent to my delivery address.

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

(If you choose the e-mail method, we'll be able to respond you faster.)

I want to pick it up in person.

(In case of the delivery by proxy, it is required to have a notarized power of attorney or certificate of authority.)

This application form has been prepared to identify your relationship with our Company and your personal data processed by our Company, if any, and to respond to your relevant application accurately and within the legal period. In order to avoid legal risks arising from unlawful and unfair data sharing and to ensure the security of your personal data, for identification and authorization our Company reserves the right to request additional documents and information (copy of identity card or driver license etc.). In case the information regarding your requests within the scope of the form is not correct and up-to-date, or an unauthorized application is made, our Company does not accept any liability for such wrong information or requests arising from unauthorized application.

Applicant's (Data Subject)

Name Surname:
Date of Application:
Signature: