

PERSONAL DATA PROTECTION LAW DATA SUBJECT REQUEST FORM

(Pursuant to the Communiqué On The Principles And Procedures For The Request To Data Controller Article 4; “Data subjects may benefit from this right provided that they make the requests in Turkish.”)

This Personal Data Protection Law Data Subject Request Form (the “Form”) is prepared by Katılım Emeklilik in order to be used by data subjects in their applications to exercise their rights specified in the Personal Data Protection and Privacy Policy of Katılım Emeklilik ve Hayat A.Ş. (Katılım Emeklilik) pursuant to the Personal Data Protection Law No. 6698 (“PDPL”).

If data subjects may make requests to Katılım Emeklilik to within the scope of their rights, s/he must fill in and sign this Form completely and send it to Katılım Emeklilik through one of the following methods:

- The application must be made to the Head Office of Katılım Emeklilik in person, together with the documents ensuring identity verification (identity card, driver’s license, etc.), and the Form must be signed during the application.
- The Form should be sent to Saray Mahallesi, Dr. Adnan Büyükdeniz Caddesi No: 2, 34768 Ümraniye/İstanbul through a notary public.
- The Form should be sent to katilimemeklilik@hs03.kep.tr via the KEP address of the data subject.
- It should be sent to info@katilimemeklilik.com.tr by using the e-mail address previously notified to the data controller and registered in the data controller’s system.

1. Details of Data Subject

Please provide the requested information to facilitate the proper evaluation of your application.

Name and Surname	
T.R. ID Number For Foreigners Nationality, Passport Number or Identity Number If Available	
Address	
Phone Number	
E-mail	

Please tick the option below that best describes your relationship with Katılım Emeklilik, and in the empty text box below, please write the continuation status of this relationship, the period in which the relationship occurred if it has ended, and the details of the contact office or branch, if any.

<input type="checkbox"/> Customer	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee Candidate
<input type="checkbox"/> Supplier	<input type="checkbox"/> Agency	<input type="checkbox"/> Visitor
<input type="checkbox"/> Other (.....)		

2. Information Regarding the Request of the Data Subject

Please tick your request or requests regarding personal data from the following list.

<input type="checkbox"/> I want to learn whether my personal data are processed or not.
<input type="checkbox"/> I want to get information if my personal data are processed.
<input type="checkbox"/> I want to learn the purpose of the processing of my personal data and get information on whether they are used in compliance with the purpose.
<input type="checkbox"/> I want to learn about the third parties to whom my personal data have been transferred in the country or abroad.
<input type="checkbox"/> I request rectification of the incomplete or inaccurate data,
<input type="checkbox"/> If reasons for processing are no longer available, I want my personal data to be erased or destroyed.
<input type="checkbox"/> I want for such correction procedure to be informed to the third parties to whom my personal data is transferred.
<input type="checkbox"/> I want for a destruction procedure to be informed to the third parties to whom my personal data is transferred.
<input type="checkbox"/> I believe that my personal data is processed exclusively through automated systems, and a negative result has emerged as a result of this analysis, and I object to this result.
<input type="checkbox"/> I claim compensation for the damage arising from the unlawful processing of my personal data.

If you think that additional information is needed based on the marking you made in the list above, please use the empty section below.

3. Information Regarding the Finalization of the Application

Katılım Emeklilik will finalize your request within thirty days at the latest and respond by mail or digital media based on the address and e-mail information you wrote in Section 1. If you have a particular preference among response channels, please specify below.

<input type="checkbox"/> I want the response to be delivered via mail.
<input type="checkbox"/> I want the response to be delivered via e-mail.

If additional information is needed within the scope of the evaluation of the request, Katılım Emeklilik may contact you in order to finalize your application in this Form. Your application will be concluded free of charge, and if a fee is required, it may be charged in the amounts determined within the scope of the applicable legislation.

DECLARATION

I hereby request for my application regarding my KVKK-specific requests that I have stated in this Form to be evaluated and finalized.

Data Subject's Name and Surname:

Signature of Data Subject:

Date: