

PERSONAL DATA REQUEST FORM

The personal data holders ("hereafter referred to as" Applicants "), who are defined as the relevant person in the Law on Protection of Personal Data No. 6698 (KVKK), have been given the right to make certain requests for the processing of their personal data in Article 11 of the KVK Law.

In accordance with the first paragraph of Article 13 of the KVK Law; Applications to our company, which is the data controller, regarding these rights should be submitted to us in writing or by other methods determined by the Personal Data Protection Committee ("Committee").

In order to use your rights mentioned above, you can send your written request to our Contact Person **Ahmet SÖNMEZ** with any of the following options together with the "**Personal Data Information Request Form**" and the necessary information, documents and explanations regarding your right to use.

- ✓ The applicant could personally apply with wet signed "Personal Data Request Form" or send mail to following address "HASEL TEKNİK AHŞAP İNŞAAT OTOMOTİV SAN. VE TİC. LTD. ŞTİ. Hacıaliler Köyü, 9835. Sokak No: 15 PK: 81100 Düzce / TÜRKİYE"
- ✓ By sending wet signed "Personal Data Request Form" via notary to following address "HASEL TEKNİK AHŞAP İNŞAAT OTOMOTİV SAN. VE TİC. LTD. ŞTİ. Hacıaliler Köyü, 9835. Sokak No: 15 - PK: 81100 Düzce / TÜRKİYE"
- ✓ The "secure electronic signature" defined in the Electronic Signature Law No. 5070 by the Applicant with your identity declaration, you can send e-mail to our e-mail addresses "haselteknik@hs02.kep.tr", "ahmet.sonmez@haselahsap.com.tr" "info@haselahsap.com.tr".

Your applications should be made Turkish or English

Your applications sent to us will be answered within thirty days from the date of your request, according to the second paragraph of Article 13 of the KVKK, according to the nature of the request. Our responses will be sent to you in writing or electronically in accordance with the provisions of article 13 of the KVKK.

1. Identity and Contact Information of the Personal Data Owner

(Please write the information completely and accurately)

Name-Surname					
T.C. Identification Number					
Mobile Phone			Phone		
E-Mail Address			Fax		
Residential Address					
Please indicate your relationship with our	Employee	Customer	Business Partner	Other:	
Company. (Customer,	The unit you are	in contact with	within our compa	iny:	
Business Partner, Employee candidate,	Subject:				
Former employee, Third party company employee, shareholder etc.)	Date of Processi	ng Your Informa	ation::		



2. Information on the Choice of Right to be Used by Personal Data Owner

(Please tick the box (s) next to the statement that suits your request)

I want to know if your company is processing personal data about me.

If your company processes personal data about me, I request information about these data processing activities.

If your company is processing personal data about me, I would like to find out if they are used in accordance with the purpose of the processing and the purpose of the processing.

If my personal data is transferred to third parties at home or abroad, I want to know those third parties.

I think my personal data is missing or incorrectly processed and I want it corrected.

Although my personal data has been processed in accordance with the law and other relevant legal provisions, I want my personal data to be deleted.

I would like to have it corrected in the presence of third parties to whom my personal data that I think is incomplete and incorrectly processed.

I want my personal data, which I request to be deleted, to be deleted in the presence of third parties.

I think that my personal data processed by your company are analyzed exclusively through automated systems, and as a result of this analysis, there is a result against myself. I object to this conclusion.

3. Disclosure About Request

(Apart from the above selection, please specify your request under the 6698 KVKK and the personal data subject to your request in detail.)

4. Annexes

(Please indicate if you want to base your application and provide it in the appendix.)

5. Please Select the Method of Our Response to Your Application.

I want it sent to my address.

I want it to be sent to my e-mail address I provided in communication. (Replies by e-mail will reach you faster.)

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



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6. Responsibility of the Applicant

This application form has been prepared in order to be able to respond to your relevant application accurately and in a legal time by determining your relationship with our Company and determining your personal data processed by our Company, if any. Our Company reserves the right to request additional documents and information (copy of identity card or driver's license, etc.) in order to eliminate the legal risks that may arise from the unlawful and unfair data sharing, and especially to ensure the security of your personal data. In case the information regarding your requests submitted under the form is not correct and up-to-date, or an unauthorized application is made, our Company does not accept any liability for such incorrect information or requests arising from unauthorized application. All responsibility arising from illegal, misleading or wrong applications belongs to you.

Personal Data Owner / Person Applying for Someone Else

Name - Surname

Application Date

If you are applying on behalf of someone else, please send the documents indicating that you are authorized to apply (such as the proof that the personal data owner is the parent / guardian, such as power of attorney) in the attachment of the application. In order for these documents to be accepted as valid, they are required to be issued or approved by the competent authorities.

HASEL TEKNİK AHŞAP İNŞAAT OTOMOTİV SAN. VE TİC. LTD. ŞTİ.

Address: Hacıaliler Köyü, 9835. Sokak No: 15 - PK: 81100 Düzce / TurkeyPhone/Fax: +90 (380) 524 46 27 / +90 (380) 524 46 28Web/E-mail: https://www.haselahsap.com.tr /info@haselahsap.com.trKEP Mail: haselteknik@hs02.kep.trMersis: 0-4580-3122-0900015Contact Person<td: Ahmet SÖNMEZ
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