

ACIBADEM SAĞLIK HİZMETLERİ VE TİC. A.Ş.

DATA OWNER APPLICATION FORM

1. GENERAL

This Application Form is issued by Acıbadem Sağlık Hizmetleri ve Tic. A.Ş. (“**Acıbadem**” or “**Company**”), acting with the title of Data controller, to assess and resolve the applications made by you, the Data Owner, immediately, effectively and comprehensively pursuant to articles 11 and 13 of the Personal Data Protection Law (Nr. 6698) (“**PDPL**”) and General Data Protection Regulation (Nr 2016/279/EC) (“**GDPR**”).

2. APPLICATION METHOD

Pursuant to articles 11 and 13 of PDPL and/or articles 15 to 22 of GDPR, you, the data owner, may convey your written requests regarding the implementation of PDPL and/or GDPR to our Company, acting in capacity of data controller, by filling in this Application Form or by other means determined by the Board:

- Your request letter with your wet signature addressed to "Corporate Secretariat" department may be placed in an envelope, where the phrase “Information Request Pursuant to Personal Data Protection Law” is written on, and sent to Fahrettin Kerim Gökay Cad.No:49 Altunizade, Istanbul Turkey by courier,
- The request may be sent through a notary public,
- Your request with secure digital or mobile signature may be e-mailed to acibademsaglik@hs02.kep.tr from a registered e-mail address or your e-mail address that is registered in our system and/or
- You may e-mail a file addressed to Acıbadem in "word" or “pdf format” with secure e-signature to kisiselveri@acibadem.com.tr, provided subject of the e-mail is “Information Request Pursuant to Personal Data Protection Law”.

DETAILS ABOUT DATA OWNER

Below-written sections should be filled in correctly and completely to have necessary investigations and assessments regarding your application conducted and solutions developed regarding the subject.

Full name*	
T.R. ID No*	
Address*	
Phone Number*	
E-mail Address*	
Fax Number (<i>optional</i>)	

* Fields required to be filled out

Your personal data which were submitted to us are exclusively processed to assess and conclude this Application Form and to contact with you.

Please mark the appropriate option regarding your relationship with Acıbadem and specify if this relation still continues on the section below.

Patient

Business Partner

Visitor

Other ()


-
- My relationship with Acıbadem continues as of the application date.
 - My relation with Acıbadem was terminated as of ()

REQUESTS OF DATA OWNER

Please mark the box(es) below regarding the situation(s) which you, the data owner, require information pursuant to articles 11 and 13 of PDPL and/or articles 15 to 22 of GDPR.

YOUR REQUEST	NECESSARY INFORMATION/DOCUMENT	YOUR CHOICE
<p>1. I request to learn if my personal data are processed by Acibadem.</p>	<p>Please specify if you require information regarding a specific type of data.</p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/></p>
<p>2. I request to learn why my personal data were processed by Acibadem.</p>	<p>Please specify if you require information regarding a specific type of data.</p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/></p>
<p>3. I request to learn if my personal data are used for relevant purposes by Acibadem.</p>	<p>Please specify if you require information regarding a specific type of data.</p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/></p>
<p>4. If my personal data are shared with international or local third parties, I wish to know the third parties that are transmitted my personal data.</p>	<p>Please specify if you require information regarding a specific type of data.</p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/></p>
<p>5. I think that my personal data are processed incorrectly</p>	<p>Please specify the information you think that is incompletely or incorrectly processed and explain</p>	<p><input type="checkbox"/></p>

<p>or incompletely and I request that corrections are made.</p>	<p>how it should be corrected.</p> <p>.....</p> <p>.....</p>	
<p>6. I request that the personal data, which are processed incompletely/incorrectly according to my opinion, are also corrected by the third parties whom my personal data are shared with.</p>	<p>Please specify the information you think that is incompletely or incorrectly processed and explain how it should be corrected.</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>
<p>7. I request that my personal data are deleted as the grounds for processing them are no longer valid.</p>	<p>Please specify the data subject to this request and the result which you deem against your benefit, attach information and documents which authenticate these claims to the Application Form.</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>
<p>8. I request that my personal data are also deleted by 3rd parties, as the grounds for processing them are no longer valid.</p>	<p>If your request is made regarding only a part of your personal data, please specify relevant information and the justification of your request together with information and documents that authenticate your request, attach information and documents which authenticate these claims to the Application Form</p> <p>.....</p> <p>.....</p> <p>.....</p>	<input type="checkbox"/>
<p>9. I believe that my personal data processed by Acıbadem are exclusively analyzed via automated systems and this analysis</p>	<p>Please specify the justification of your request and result of the process regarding your request, attach information and documents which authenticate these claims to the Application Form.</p> <p>.....</p>	<input type="checkbox"/>

leads to results which are against my personal benefit. I submit my objection to this result.	
10. I request compensation regarding my loss due to unlawful processing of my personal data.	Please specify the justification of this request and the loss you think you experienced on the section below, attach information and documents which authenticate these claims (for example; decisions of the Board of Personal Data Protection or a court decision) to the Application Form.	

Considering applications to be made and submitted by third parties acting on behalf of the data owner, the notary attested power of attorney should be sent along with this Application Form; for applications submitted on behalf of children under custody, this Application Form should be accompanied by a copy of documentations that attest the custody/guardianship status.

Acıbadem is entitled to contact your party and request information and documentations in order to verify that you are the data owner to ensure security of your personal data, when your personal data is received by Acıbadem. The information and documents provided to our party in this regard shall be disposed immediately after it is verified that you are the data owner.

If the requested information and documentations are incomplete, you will need to complete and submit the information and documentation upon our request. The thirty-day (30) day mandated by article 13/2 of PDPL and/or article 12/3 of GDPR regarding conclusion of the request will be suspended until the information and documentations are completely delivered to our party.

(i) CONCLUDING DATA OWNER'S REQUEST

Pursuant to PDPL and/or GDPR, your request will be responded as soon as possible, but not later than thirty (30) days after you request is received by your party, depending on the essence. Pursuant to Article 13 of PDPL and/or Article 12 of GDPR, our responses and evaluations shall be sent to you in writing or via electronic media depending on your preference specified on this

Application Form. Please specify below if you prefer post, electronic mail or fax over others regarding delivery of the conclusion reached on your application.

I request that the conclusion regarding my application is forwarded to my e-mail address.	<input type="checkbox"/>
I request that the conclusion regarding my application is sent to my address via mail.	<input type="checkbox"/>
I request that the conclusion regarding my application is faxed to me.	<input type="checkbox"/>

(ii) DECLARATION OF DATA OWNER

I, hereby, kindly request that my information request application submitted pursuant to PDPL and/or GDPR is assessed and concluded in the light of above mentioned request/requests, and I, hereby, accept, declare and commit that the information and documentations submitted to your party for my application are correct and up-to-date and they belong to me.

Data Owner	
Full Name	
Application Date	
Signature	