

DATA CONTROLLER APPLICATION FORM

In accordance with the Law on Protection of Personal Data No. 6698 (“KVKK”) , Yalın Sağlık Hizmetleri Ltd.Şti . (“Yalın Dental Clinic” or “Company”), please fill in the following application form clearly and completely and send it to us so that your request can be fulfilled.

We will respond to your application as soon as possible and within 30 days at the latest, depending on the nature of the request. If the information and documents you have submitted to us are incomplete or incomprehensible, we will contact you via the phone number or e-mail address you have given us in order to clarify your application.

Our Company reserves the right to request additional documents, information and information for identification and authorization to prevent and eliminate legal risks that may arise from illegal and unfair data sharing, and especially to ensure the security of your personal data. In the event that the information regarding your requests you have submitted to the Data Subject within the scope of the Application Form is not correct and up-to-date or an unauthorized application is made, our Company does not accept any responsibility for such false information or requests arising from unauthorized applications. All responsibility arising from illegal or illegal, misleading or false, malicious applications is yours.

Processing fee of 1 (one) Turkish Lira will be applied for each page after the 10th (tenth) page.

In this context , applications to be made to our Company in “*written form*” , by printing out this form;

- By personal application,
- Via notary public,
- By sending it to our company's e-mail address,

Applicant will be able to convey to us with documents proving his identity. Please send the documents showing that you are authorized to make an application (such as parent/guardian of the personal data owner, documents showing that he/she is a representative/power of attorney) in the annex of the application.

Below, information regarding how written applications will be delivered to us, specific to the written application channels, is given.

	APPLICATION METHOD	ADDRESS TO APPLY	INFORMATION TO BE SPECIFIED IN THE APPLICATION
1. Application with the E-Mail Address Found in Our System	By using your e-mail address registered in our company's system, provided that an identity document that makes your identity clear is attached.	yalindisinfo@gmail.com	“Personal Data Protection Law Information Request” will be written in the subject part of the e-mail .
2. Written Application	Personal application with wet signature or via Notary Public	Öğretmenevleri Mah. Çamlık Cad. No: 40A Konyaaltı/ANTALYA	“Information Request Under the Law on Protection of Personal Data” will be written on the notification envelope and on the document.

1. Identity and Contact Information of Personal Data Owner

Name and surname:	
TC Identification number:	
Address:	
Phone number:	
E-mail address:	

2. Your Relationship with Our Company

With Our Company Your relationship:	
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3. Please tick the appropriate expression(s) for your request.

I want to know if your company processes personal data about me.	
If your company processes personal data about me, I request information about these data processing activities.	
If your company processes personal data about me, I would like to know the purpose of their processing and whether they are used in accordance with the purpose of processing.	
If my personal data is transferred to third parties at home or abroad, I would like to know these third parties.	
I think that my personal data is incomplete or incorrectly processed and I would like them to be corrected.	
Although my Personal Data is processed in accordance with the provisions of the law and relevant legislation, I want my personal data to be deleted.	
I want my personal data, which I think is incomplete and wrongly processed, to be corrected by the third parties to whom it was transferred.	
I want my personal data, which I requested to be deleted, to be deleted by the transferred third parties.	
I believe that my personal data processed by your company is analyzed exclusively through automated systems or semi-automatic systems, and as a result of this analysis, there is a result against me. I object to this conclusion.	

4. Additional Explanation About the Request

Please specify your request under the KVK Law and the personal data subject to your request in detail.

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5. Please choose the method of notifying you of our response to your application:

Send to my address.

I want it sent to my email address.

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

Applicant (Personal Data Owner) *	
Name and surname	
Application date	
Signature	

** If you are applying on behalf of someone else, please send the documents showing that you are authorized to apply (such as the parent/guardian of the personal data owner, the document showing that he/she is a representative, power of attorney) in the annex of the application. In order for these documents to be considered valid, they must be issued or approved by the competent authorities.*

** If an additional paper is used for your explanations, you must also write and sign the requested information on this additional paper.*