

**Application Form for the Use of Rights Granted to Personal Data Owners in
Accordance with the Personal Data Protection Law (KVKK) No. 6698**

1. Application Method

You can submit your application regarding your requests within the scope of your rights listed in KVKK to our company through this form and one of the methods below.

For applications to be made in person or through Notary Public; After filling out and signing the application form, you can apply to the BAHÇELİEVLER MAH. İPEK OTU SK. NO: 8 A PENDİK/ İSTANBUL address by writing “Application within the Scope of the Personal Data Protection Law” on the envelope/notification. In personal applications, the applicant must document his/her identity.

For applications via e-mail; After filling out and signing the application form, you can send an e-mail to the info@melikyagmurpoliklinigi.com address. The subject of the e-mail will be written as “Application within the Scope of the Personal Data Protection Law”.

Your applications will be answered in written form or electronically as soon as possible and within 30 (thirty) days at the latest, in accordance with the second paragraph of Article 13 of the Law, from the date your request reaches us.

2. Your Identity and Contact Information

Please fill in the blanks below so that we can contact you and verify your identity.

Name and Surname	
T.R. Identity Number	
Nationality, Passport Number (For Citizens of Other Countries)	
Residence / Work Address	
Phone Number	
E-mail Address	

3. Please select the method by which you will be notified of our response to your application.

- ☐ I want it sent to my address.
- ☐ I want it sent to my e-mail address.
- ☐ I would like to receive it in person. (In case of receipt by proxy, a notarized letter of attorney or authorization document is required.)

4. Please indicate your relationship with our Company.

(Such as customer, business partner, employee candidate, former employee, third party company employee)

<input type="checkbox"/> Customer/Patient <input type="checkbox"/> Visitor <input type="checkbox"/> Business Partner <input type="checkbox"/> Third Party Company Employee <i>Çalıştığınız firma ve pozisyon bilgisini belirtiniz:</i>	<input type="checkbox"/> Former Employee <i>The years I worked:</i> <input type="checkbox"/> Job Application / Resume Sharing <i>Application/Shared Date:</i> <input type="checkbox"/> Other (Specify) :
<p>With whom you are in contact;</p> <p>Company/Unit:</p> <p>.....</p> <p>Topic:</p> <p>.....</p>	

5. Please state your request under the law below.

Related Person KVKK Application Form

6. Please indicate the documents you have attached to the application form in accordance with your request. It is mandatory to attach the data subject's identification document (identity card, driver's license or passport).

No	Document Name

In order to eliminate legal risks that may arise from unlawful and unfair data sharing and especially to ensure the security of your personal data, **documents such as identity card, driver's license or passport etc. must be sent for identification and authorization purposes.**

If the information regarding your requests submitted within the scope of the form is not accurate and up-to-date or if an unauthorized application is made, our Company does not accept any liability for requests arising from such incorrect information or unauthorized application.

Applicant (Personal Data Owner)

Name and Surname :

Related Person KVKK Application Form

Application Date :

Signature :