Data Subject Request Form

# Request Method

You can submit your requests within the scope of your rights mentioned under article 11 of Personal Data Protection Law numbered 6698 **(“Law”)** to ACTECON Danışmanlık Anonim Şirketi **(“ACTECON”)** , who holds the title of data controller in accordance with the article 5 of Communiqué on the Principles and Procedures for the Request to Data Controller **(“Communiqué”)** and the article 13 of the Law, with the following methods..

In order for the request process of the data subject to be conducted effectively, we are kindly asking you to write “Information Request Within The Scope of Personal Data Protection Law”, on the envelope/notification, if the request is made in writing; or on the subject description of the relevant e-mail, if the request is made electronically, while applying within the scope of article 11 of the Law.

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|  | **APPLICATION METHOD** | **ADDRESS FOR APPLICATION** |
| **Requests made in writing** | With a document showing the identity of the person and by application in person with wet signature or by notary | Çamlıca Köşkü, Tekkeci Sokak, No: 3-5, Arnavutköy/İstanbul/Türkiye |
| **Registered Electronic Mail (REM)** | With the REM address | actecondanismanlik@hs01.kep.tr |
| **The Electronic Mail registered In Our System** | By using your electronic mail registered in our system | [info@actecon.com](mailto:info@actecon.com) |
| **The Electronic Mail that does not Registered in our System** | By using your electronic mail that does not registered in our system, including mobile signature/e-signature | [info@actecon.com](mailto:info@actecon.com) |

# Your requests which have been submitted to us will be responded free of charge within thirty days starting from the date of receipt of your application, with regards to its eligibility, in accordance with the paragraph 2 of the article 13 of the Law. However, if process requires additional costs, fees laid down in Article 7 may be charged.

# The Identity and Contact Information of the Data Subject

In order for us to contact you and verify your identity, please fill in the fields below:

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| --- | --- | --- |
| **Name-Surname** | **:** |  |
| **TR Identity Number / Passport Number or Identity Number For the Citizens of Other Countries** | **:** |  |
| **Address For Notices/Business Address** | **:** |  |
| **Mobile Number** | **:** |  |
| **Phone Number** | **:** |  |
| **Fax Number** | **:** |  |
| **E-mail Address/REM Address** | **:** |  |

In terms of the requests made within the scope of article 11 of the Law, ACTECON reserves the right to request additional documents and cognisance (e.g copies of identity card or driving license) in order the process to be conducted in compliance with the Law; to eliminate the legal risks towards the personal data and; especially to secure your personal data in accordance with the legislation and ACTECON’s core principles.

# Subject of the Request

You can always request your rights written below by applying to ACTECON according to the Article 11 of the Law which regulates the rights of the data subject:

* To learn whether your personal data is processed,
* If your personal data is processed, to request information regarding this subject,
* To learn the purpose of processing your personal data and to learn whether this process is used parallel to its purpose,
* To identify the third parties that your personal data is transmitted inside the country or outside the country,
* To request that your personal data to be corrected if it was processed incomplete or incorrect and to request that this correction to be notified to the third parties that your personal data is transmitted to,
* Even though processed in accordance with the Law and other relevant provisions of law, to request your personal data to be erased or to be destructed if the reasons for that data to be processed disappear and within this context to request that the treatments to be notified to the third parties that your personal data is transmitted to, if your personal data is processed incorrectly or incompletely,
* To object to the emergence of a result against you when your processed data is analyzed exclusively through automated systems,
* To request your damages to be compensated in case your damage is derived from the fact that your personal data is processed against the Law,

Please provide the details regarding your request within the scope of your rights listed above to the area with the title of “Statement” below. If possible, the information and the documents about the subject should be attached to the application.

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| **Statement:** |

# The Preferred Notifying Method of the Response

I would like it to be sent to my postal address above.

I would like it to be sent to my electronic mail address above.

I would like it to be sent to my fax number above.

I would like to receive it by hand personally or through my representative\*.

*\*In case of receipt by representative, a notarized letter of attorney or authorization document is required.*

In line with the requests, I have stated above, I kindly request to be informed about my application to ACTECON after an evaluation in accordance with Article 13 of the Law.

I declare and undertake that I have been informed that the information and documents I have provided to you regarding this application are correct and up-to-date, that ACTECON may request additional information in order to conclude my application, and that I may have to pay the fee determined by the Personal Data Protection Board if an additional cost is required.

**The Data Subject Who Makes the Application (Data Owner)**

**Name Surname :**

**Date :**

**Signature :**