

**KALE CARE CHEMICALS KİMYEVİ MADDELER ANONİM ŞİRKETİ**  
**DATA OWNER APPLICATION FORM**

**GENERAL EXPLANATIONS**

1. Personal data owners ("Applicant"), defined as the relevant person in the Personal Data Protection Law No. 6698 ("Law"), have been granted the right to make certain requests to the data controllers regarding the processing of their personal data in Article 11 of the Law.
2. In accordance with the first paragraph of Article 13 of the Law, the applications to be made regarding these rights to KALE CARE CHEMICALS KİMYEVİ MADDELER ANONİM ŞİRKETİ ("KALE CARE"), which is the data controller, must be submitted in writing.
3. In this context, applications to be made to KALE CARE "in written"
  - a) may be sent to the address "Esentepe Mahallesi Milangaz Cad. Kartal Vizyon Sit. B Blok Apt. No: 77/A Kartal/İstanbul" by filling out this form and delivering a copy with a wet signature by hand, through a notary public, by registered letter with return receipt or by personal application, or
  - b) after signing the application form filled out electronically with your mobile signature and secure electronic signature, it may be forwarded to **info@kalecare.com** using your REM address or your email address already registered in KALE CARE's data recording system.
4. If another application method is determined and announced by the Board, announcements regarding these methods will be made on KALE CARE's website.
5. Your applications submitted to KALE CARE will be answered within 30 (thirty) days from the date your request reaches KALE CARE, in accordance with the second paragraph of Article 13 of the Law, depending on the nature of the request. The answers given by KALE CARE will be delivered to you in writing or electronically in accordance with Article 13 of the Law.
6. If your application requires an additional cost, you will have to pay the fee determined by the Communiqué on the Procedures and Principles of Application to the Data Controller issued by the Personal Data Protection Board. In case of a written response to your application, no fee will be charged for the first 10 (ten) pages, and a transaction fee of 1 TL will be charged for each page over 10 (ten) pages. If the answer to your application is given in a recording medium such as a CD or flash memory, the cost of the recording medium will be charged to you.
7. KALE CARE reserves the right to make changes regarding the Board decision regarding the application procedures or the legal regulations to be issued in the future.

**A. Contact Information of the Applicant**

**Name:**

**Surname:**

**T.R. Identification Number:**

**Phone Number:**

**Email: Address:**

**B. Applicant's Relationship with KALE CARE**

Please indicate your relationship with KALE CARE. (Guardian, business partner, employee candidate, former employee, third party company employee, shareholder, etc.)

- Guardian                       Business Partner
- Employee Candidate    Third Party Company Employee
- Former Employee         Other:.....

Unit that collects your personal data within KALE CARE (Although it is not required to be specified, your application may be concluded faster if you specify):  
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\*\*\*If you are a former employee, please fill in the sections below.

Years of employment:.....

Unit of employment: .....

\*\*\*If you are an employee candidate, please fill in the sections below.

Date of your job application: .....

Method of job application:.....

\*\*\*If you are a third party company employee, please fill in the sections below.

Title of the company you have worked for: .....

Your job position: .....

**C. Details of Your Request Under the Law**

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**D. The Method to be Selected to Notify You of the Response to Your Application**

- I want it to be sent to my address
  
- I want it to be sent to my email address (you will receive a faster response if the email method is selected.)
  
- I want to receive it by hand (in case of receipt by power of attorney, it is obligatory to submit a notarized power of attorney or certificate of authorization.)

This form has been prepared in order to determine your relationship with KALE CARE and to fully determine your personal data processed by our Organization, if any, and to respond to your relevant application correctly and within the legal time limit. KALE CARE reserves the right to request additional documents and information (copy of identity card, passport or driver's license, etc.) for identification and authorization determination, in order to 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 within the scope of the form is not correct and up-to-date, or an unauthorized application is made, KALE CARE does not accept any liability for claims arising from such false information or unauthorized application.

**Applicant (Personal Data Owner)**

**Name and Surname:**

**Application Date:**

**Signature:**