

INFORMATION OF RELEVANT PERSON	
Name Surname:	
T.R. ID No: or Passport No / Foreigner ID No:	
Permanent Resident or Business Address:	
REM (Registered Electronic Mail) address:	
Electronic mail address:	
Phone No / Fax No:	

YOUR RELATION WITH AES YAT	
<input type="checkbox"/> employee / Former employee	Worked between:
/CV <input type="checkbox"/> I did employee candidate share.	Date of Application: Application place and additional explanation if any:
<input type="checkbox"/> Supplier / Supplier Employee	Explanation:
<input type="checkbox"/> Customer / Customer Employee	Explanation:
<input type="checkbox"/> Visitor	Explanation:
<input type="checkbox"/> Other:	Explanation:

INFORMATION CONTEX (Request Content to be Submitted within the Scope of Application)

1. I want to learn whether my personal data has been processed or not.
2. If my personal data has been processed, I request information regarding this process.
3. I want to learn the purpose of processing my personal data and whether they have been used appropriately for their purpose or not.
4. If my personal data has been transferred to third parties domestically or abroad, I want to know the third parties to whom my personal data has been transferred domestically or abroad.
5. Within the regulations stipulated by law, I request deletion or removal or anonymization of my personal data.
6. I believe my personal data has been processed incompletely or incorrectly and I request correction of my personal data. (Please provide detailed information about the personal data you want to be corrected in the explanation section.)
7. In case of amendment of my personal data, I request notification of these amendments to third parties to whom my personal data has been transferred.
8. I request compensation of my damage due to the illegal processing of my personal data.

(Please provide detailed information in the explanation section about when and how your damage occurred due to which data processing activity.)

EXPLANATIONS:

If you selected 6. or 8. requests, for a complete response, scope of the application must be specific, clear and understandable.

ATTACHMENTS:

Please indicate if you share information and documents in the attachment.

Response Method to Your Application *(If you do not prefer any response method, the method in which the application was made will be chosen)*

This application form has been prepared so that your requests can be answered accurately, completely and within the time specified in the law. As the data controller, we reserve the right to request additional documents and information (identity card or driver's license copy, etc.) for identification and authorization determination in order to prevent unauthorized access to personal data by making an application and to ensure the security of your personal data. If the information regarding your requests submitted within the scope of the form is not accurate and up-to-date, with incorrect / misleading information or an unauthorized application, your application will be rejected and legal action will be taken against the person who committed an illegal transaction.

Date:			
Name and Surname of the Applicant :			
Signature (<i>You can use e-signature in applications made through REM</i>) :			
<i>Send power of attorney, identity register copy or relevant documents that indicates your authority or/and gives information about your relation with applicant by attaching them to your application.</i>			