Assoc. Prof. Dr. Ferdi Yavuz Personal Web Site

PERSONAL DATA INFORMATION / TRANSACTION REQUEST APPLICATION FORM

Personal data owners defined as concerned persons in the Personal Data Protection Law No. 6698 ("KVK Law") ("Hereon, they will be called "Applicants") have been granted the right to make some requests regarding the processing of their personal data in Article 11 of the KVK Law.

In accordance with the first paragraph of Article 13 of the KVK Law; Applications to our Company, which is the data controller, regarding these rights must be forwarded to us in writing or by other methods determined by the Personal Data Protection Board ("Board").

Within this framework, the applications to be made to our Company in "written" form are printed out;

- With the applicant's application in person,
- Through the notary,
- It can be signed by the Applicant with the "secure electronic signature" defined in the Electronic Signature Law No. 5070 and sent to the registered e-mail address of the Company and forwarded to us.

Your applications submitted to us will be answered within thirty days from the date your request reaches us according to the nature of the request in accordance with paragraph 2 of article 13 of the KVK Law. Our responses will be delivered to you in writing or electronically in accordance with article 13 of the relevant KVK Law.

A - Applicant Contact Information:

Name:		
Last name:		
TC Identification		
Number:		
Phone Number:		
E-mail:		
Address:		
Former employee, Third pa	rty company employ	ee, shareholder) Partner
Healthcare Area		
Job Application / Resume Sharing Date:		□ Visitors
My Former Employee		☐ I'm a third-party company employee
The years I worked:		Specify the company and position information you work for.
Other:		
The unit you are commur		our company:
Topic:		

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C – Please state in detail your request under the KVK Law:
D - Please choose how we 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. (Email responses will reach you faster.) ☐ I'd like to pick it up. (In case of receiving by proxy, notary-ed power of attorney is required.)
This application form has been issued in order to determine your relationship with our Company and, if any, to determine your personal data processed by our Company in full and to respond to your relevant application correctly and within the legal period. In order to eliminate the legal risks that may arise from unlawful and unfair data sharing and to ensure the security of your personal data in particular, our Company reserves the right to request additional documents and information (identity card or driver's license image, etc.) for identification and authorization. In the event that the information regarding your requests you submit within the scope of the Form is not accurate and up-to-date or an unauthorized application is made, our Company does not accept liability for such misinformation or unauthorized application requests.
Applicant (Personal Data Owner)
First And Last Name:
Application Date:
Signature: