

DATA SUBJECT APPLICATION FORM

1. Introduction

This Data Subject Application Form has been prepared for your applications regarding your personal data that you will submit to Compass Uyum ve Danışmanlık Anonim Şirketi ("**Company**") within the scope of the Communiqué on the Procedures and Principles of Application to the Data Controller.

The information that must be included in your application as a data subject within the scope of the regulations regarding the procedures and principles of application to the data controller has been determined as below.

- Name, surname, signature (in case of written application),
- T.R. identification number, if you are a citizen of the Republic of Turkey, nationality and passport number (or ID number, if you have) if you are foreigner,
- Your place of residence or business address for notification,
- If available, the e-mail address, telephone and fax number for notification,
- Subject of the request,

In addition, you must add documents and information regarding the subject of your request and to confirm your identity to your application.

We would like to emphasize that the subject of the request should be about the data subject itself. If the application is made on behalf of someone else, the person making the request should rely on a specially documented authorization for the requested transaction (power of attorney). Unauthorized applications will not be evaluated.

This application form has been prepared to identify your relationship with our Company and your personal data processed by our Company, if any, and respond to your relevant application accurately and within the legal period. To avoid legal risks arising from unlawful and unfair data sharing and to ensure the security of your personal data, for identification and authorization, our Company reserves the right to request additional documents and information (copy of identity card or driver license, etc.) In case the information regarding your requests within the scope of the form is not correct and up-to-date, or an unauthorized application is made, our Company does not accept any liability for such wrong information or requests arising from unauthorized application.

2. Contact Information

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

Name:

Surname:

Turkish ID No/Foreign ID No:

Phone number:

E-mail:

Address:

3. Your Relationship with our Company

Please indicate your relationship with our Company.

Customer Former Employee Years of Service -.....

Partner Candidate/Job Applicant The date on which the resume was shared with us:

Visitor Third-Party Employee Please indicate your company and job title.

Other Please Specify.

Please indicate the department you are in contact within our Company.

.....

4. Your Requests Regarding Your Personal Data

Please specify your request which of your rights specified in Article 11 of the KVKK you would like to exercise by checking the boxes below.

Content of Your Request	
I would like to know whether the Company process my personal data.	<input type="checkbox"/>
I would like to be informed about the personal data processing activity.	<input type="checkbox"/>
I would like to be informed about the purpose of personal data processing and whether the data processed are being used for the indicated purpose.	<input type="checkbox"/>
If my personal data are being transferred to third parties in Turkey or abroad, I would like to be informed on these third parties.	<input type="checkbox"/>
I request that my processed personal data is not accurate and up-to-date and that it be corrected in this context.	<input type="checkbox"/> Data to be corrected ;.....
I believe that the grounds for the relevant personal data processing activity in accordance with the KVKK and relevant legislation have been eliminated and therefore I request that my personal data be anonymized or destroyed.	I would like my personal data to be anonymized. <input type="checkbox"/> I would like my personal data to be deleted. <input type="checkbox"/> <i>Only one box can be selected</i>
I would like to necessary notifications be made to the third parties regarding my personal data, transferred to third parties., that I request to be anonymized or destroyed.	<input type="checkbox"/>
I would like to object to the result that is not in my favour as a result of the analyses carried out on my personal data through automatic systems.	<input type="checkbox"/> Please indicate the mentioned analysis result;.....
I would like to request compensation for the damage I have suffered due to the unlawful processing of my personal data.	<input type="checkbox"/> Please indicate the mentioned illegal processing;.....

5. Notification Methods

I want it to be sent to my delivery address.

I want it to be sent to my e-mail address.

(If you choose the e-mail method, we will be able to respond to you faster.)

I want to pick it up in person.

(In case of the delivery by proxy, it is required to have a notarized power of attorney or certificate of authority.)

You can send us the completed Form,

1. By sending with your wet signature and copy of your identity card to Halil Rifat Paşa Mah. Yüzer Havuz Sk. Perpa Tic Mer A Blok No: 1 İç Kapı No: 553 Şişli/ İstanbul,
2. By signing with a secure e-signature or mobile signature and sending it to info@thecompasslaw.com,
3. By applying in person with valid identity document to the Company.

Applicant's (Data Subject)

Name Surname:

Date of Application:

Signature: