**KAFT DATA CONTROLLER APPLICATION FORM**

1. **THE PURPOSE AND SCOPE OF THE APPLICATION FORM**

Under Article 11 of the Law on the Protection of Personal Data No. 6698 (“Law”), the related person concerned have the right to apply to the data controller for their requests regarding their data. This Data Controller Application Form (“Application Form” or “Form”) is the Application Procedure and Application Form to the Data Controller in order to apply to Kaft Tasarım Tekstil Sanayi ve Ticaret Anonim Şirketi (“Company”), which processes your personal data as the data controller, and to exercise your rights regarding your personal data. It has been prepared in accordance with the Communique On Principles And Procedures To Be Followed In Fullfillment Of The Obligation To Inform.

1. **INFORMATION ABOUT THE RELATED PERSONS**

In order to examine and finalize your application regarding your personal data, we kindly ask you to fill in the information below completely.

|  |  |  |
| --- | --- | --- |
| **Full Name** | : |  |
| **Turkish ID Number****(For foreigners, Nationality, Passport Number or Identity Number, if any)** | : |  |
| **Address (Domicile or workplace address based on notification)** | : |  |
| **Phone Number, if any**  | : |  |
| **E-mail, if any** | : |  |
| **Fax Number, if any** | : |  |
| **Your relationship with our company (This field is not required.)** | : | Visitor Customer InternBusiness Employee Others Partner Former Employee CandidateEmployee Supplier Potential Customer |
| **Does our relationship with our company continue? (This field is not required to be filled.)** | : | Yes. No. |

The information you have shared above will only be used to evaluate and finalize your application to our Company and will be kept for as long as necessary to resolve a potential dispute.

1. **SUBJECT OF DEMAND**

Please submit and mark the subject or subjects related to your application request from the table below.

|  |  |
| --- | --- |
| I want to know if my personal data is being processed. |  |
| If my personal data is being processed, I request information about it. |  |
| If my personal data is being processed, I would like to know the purpose of processing my personal data and whether it is used in connection with the purpose of processing. |  |
| If my personal data is transferred to third parties to transfer in or out of the country, I would like to know these third parties. |  |
| I request that my personal data be corrected if it is incomplete or incorrectly processed. |  |
| I request that my personal data be erased or destroyed if the reasons for the processing of my personal data have been removed. |  |
| I would like to request that my personal data be erased or destroyed if the reasons for the processing of my personal data have been removed. |  |
| I would like to request for the deletion or destruction of my personal data to be notified to the third parties to whom my personal data has been transferred. |  |
| My processed data is analyzed by your company exclusively through automated systems and results are drawn against me as a result of the analysis. I object to this conclusion. |  |
| I was damaged because my personal data has been processed in violation of the Law. I demand that this damage be repaired. |  |

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| *You can add detailed explanations about your request regarding your personal data in this field. In addition, we kindly ask you to attach the supporting information and documents related to the subject to the annex of the Application Form.* |

1. **APPLICATION METHODS**

After filling in the information requested in the Application Form, you can submit your application to our Company by one of the following methods:

* After printing out and signing the form, by transmitting to Konaklar Mahallesi Akasyalı Sk. No: 12 Beşiktaş/Istanbul by hand delivery by showing your identity document or by sending a registered letter with the return receipt requested, or
* By sending the Form to info@kaft.com using your secure electronic signature, mobile signature or e-mail address that have previously notified our Company and registered in our system

If an application is made by a third party on behalf of the related person, the notarized power of attorney authorized by the third person or documents showing that the third person is the parent or guardian of the relevant person must be attached to the Application Form.

1. **CONCLUSION OF THE REQUEST**

The requests in your application will be concluded free of charge as soon as possible and within 30 (thirty) days at the latest, depending on the nature of your request. However, if the process requires a separate cost, a fee to be determined in accordance with the Law may be requested from the applicant.

***(If you are going to hand-deliver the Application Form to our Company, please fill in the section below and sign it.)***

**Related Person / Authorized Person**

Full Name :

Date of Application :

Signature :