PERSONAL DATA PROTECTION (KVKK)

ACCES TO PERSONAL DATA / INFORMATION DEMAND FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I.**  **Applicant's Info** | ID No |  | | | | |
| Name - Surname |  | | | | |
| Date of Birth |  | | | | |
| Phone No |  | | | | |
| Address |  | | | | |
| □ I, the data owner (I request my own data) | | | | | |
| I, the data owner's relative (I require datas of my relative)  □ Specify your relationship\*:  \* If you are a legal representative, please send the relevant decision as an attachment.  Note: In order to ensure the security of your personal data, additional documents (Identity Card, etc.) may be requested for identification. | | | | | |
|  | Please tick the option below that matches your interest in our institution. | | | |  |  |
|  | □ Patient / Patient's Relatives □ Employee / Former Employee/ Applicant □ | | | |  | Supplier/ Company Employee |
| **II.** | **For patients** | | **For employees** | **For suppliers** | | |
| **Relation With The Institution** |
| Last visited united; | | Situation;  □ Current Employee □ Former Employee  □ Applicant | Name of the company you work for; | | |
|  | Application deadline; | | Working period (year); | Your position in the company; | | |
|  |  | | Application year of applicant; |  | | |
| **III.**  **Information On Demand** | Please make a statement regarding the personal data and reason for requesting it. | | | | | |
| Please pick a method to contact you.  Send my address Send an e-mail  □ □  E-mail: ……………………. | | | | □ | Would like to receive it personally |

|  |  |  |  |
| --- | --- | --- | --- |
| **To Be Filled By The Demandant** | | **To Be Filled By The Institute** | |
| Date of Demand |  | Delivery Date |  |
| Name - Surname | Name - Surname |

**Statement:** Pursuant to Article 11 of the Personal Data Protection Law (KVKK), by filling out this form, your requests regarding your personal data can be written, by hand and via notary public sent to Dikilitaş Mahallesi Ayazmaderesi Caddesi No:4 Kat: 1, 34349 Beşiktaş/ İstanbul or [insankaynaklari@emrahcinik.com](mailto:insankaynaklari@emrahcinik.com), you can send it to [ercestetik@hs01.kep.tr](mailto:ercestetik@hs01.kep.tr) with your secure electronic signature, mobile [signature registered](mailto:ercestetik@hs01.kep.tr) e-mail or your e-mail address registered in our systrem. The information and documents you specify in this form are requested in order to determine your relationship with our institution and give a complete response within the legal period.