

## HST OTOMOTIV IMALAT SAN.VE TIC. A.Ş. PERSONAL DATA PROCESSING AND PROTECTION POLICY

## APPLICATION FORM

## **GENERAL DESCRIPTIONS**

Personal data owners who are defined as relevant persons in the Personal Data Protection Law No. 6698 ("GDPR") (hereinafter referred to as "Applicant") are granted the right to make certain requests regarding the processing of their personal data in Article 11 of the GDPR.

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

In this context, applications to be made to our Company in "written" form, by printing this form;

- By personal application of the Applicant,
- Through a notary,
- The "secure electronic signature" defined by the Applicant in the Electronic Signature Law No. 5070 signature" and sent to the Company's registered e-mail address,

may be forwarded to us.

Below, specific written application channels regarding how written applications will be delivered to us: information is given.

| Application Method                                                                                           | Address to Application                                                                                          | Information to be Specified in Application Submission                                                                          |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Application in Person (The applicant must come in person and apply with a document proving his/her identity) | Hürriyet Mahallesi E-90<br>Karayolu Kenarı Serpmeleri<br>No:54 Temelli-<br>Sincan/ANKARA<br>Tel: 0212 646 50 66 | "Protection of Personal Data" on the<br>envelope<br>Information Within the Scope of the Law<br>"Request" will be written.      |
| Notification through notary                                                                                  | Hürriyet Mahallesi E-90<br>Karayolu Kenarı Serpmeleri<br>No:54 Temelli-<br>Sincan/ANKARA<br>Tel: 0212 646 50 66 | "Information Request Within the Scope of<br>the Personal Data Protection Law" will be<br>written on the notification envelope. |
| Electronic Mail by signing with "secure electronic signature"  Via (KEP)                                     | kisiselveri@hstotomotiv.co<br>m.tr                                                                              | Add "Personal Data" to the subject line of<br>the e-mail.<br>Protection Law Information<br>"Request" will be written.          |

In addition, after the other methods determined by the Board are announced, How applications will be received will be announced by our Company.

Your applications submitted to us will be responded to within thirty days from the date your request reaches us, depending on the nature of the request, in accordance with the 2nd paragraph of Article 13 of the GDPR. Our responses will be delivered to you in writing or electronically in accordance with the provision of Article 13 of the relevant GDPR.

| A. Applicant contact information:                                                                                                                                    |                      |                                |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------|--|--|
| Name:                                                                                                                                                                |                      |                                |  |  |
| Surname:                                                                                                                                                             |                      |                                |  |  |
| TR Identity Number:                                                                                                                                                  |                      |                                |  |  |
| Telephone Number:                                                                                                                                                    |                      |                                |  |  |
| E-mail:                                                                                                                                                              |                      |                                |  |  |
| (We will respond to you faster if you specify.) We will be able to give.)                                                                                            |                      |                                |  |  |
| Address:                                                                                                                                                             |                      |                                |  |  |
|                                                                                                                                                                      |                      |                                |  |  |
|                                                                                                                                                                      |                      |                                |  |  |
| B. Please indicate your relationship with our Company. (Employee, Customer, prospective employee, former employee, third party, party company employee, shareholder) |                      |                                |  |  |
| ☐ Employee                                                                                                                                                           |                      | ☐ Supplier                     |  |  |
| ☐ Visitor                                                                                                                                                            |                      | ☐ Other:                       |  |  |
| The Unit you are in contact                                                                                                                                          | with within our comp | pany:                          |  |  |
| Subject:                                                                                                                                                             |                      |                                |  |  |
|                                                                                                                                                                      |                      |                                |  |  |
| ☐ Former Employe                                                                                                                                                     |                      | ☐ I Applied/ Shared a Resume   |  |  |
| Years I Worked :                                                                                                                                                     |                      | Date :                         |  |  |
| ☐ Other:                                                                                                                                                             |                      | ☐ Third Party Company Employee |  |  |
|                                                                                                                                                                      |                      | Please specfy the company and  |  |  |
|                                                                                                                                                                      |                      | position you work for          |  |  |

| C. Please speci                                                                                                                                                        | fy your request under GDPR in detail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| D. Please choose the                                                                                                                                                   | method by which you will be notified of our response to your application:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| ☐ I want it to be                                                                                                                                                      | sent to my address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                        | sent to my e-mail address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (We will be<br>□ I want to rece                                                                                                                                        | able to respond to you faster if you choose the e-mail method.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                        | receipt by proxy, there must be a notarized power of attorney or authorization document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| determine your per<br>application correctly<br>illegal and unfair dat<br>reserves the right to<br>license, etc.) for ide<br>requests submitted<br>application is made, | m has been prepared to determine your relationship with our Company and to resonal data processed by our Company, if any, in order to respond to your and within the legal period. In order to eliminate legal risks that may arise from a sharing and especially to ensure the security of your personal data, our Company request additional documents and information (copy of identity card or driver's entification and authorization determination. If the information regarding your within the scope of the form is not accurate and up-to-date or an unauthorized our Company does not accept liability for requests arising from such incorrect thorized application. |
| Applicant (Personal D                                                                                                                                                  | ata Subject)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Name Surname                                                                                                                                                           | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Application Data                                                                                                                                                       | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature                                                                                                                                                              | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |