

THE DATA OWNER APPLICATION FORM

In accordance with Article 11 of the Law on Protection of Personal Data No. 6698 (Law), some rights have been granted to personal data holders within the scope of the Law. Please fill out your requests to our company, who is the data controller in accordance with the first paragraph of Article 13 of the Law, to benefit from your rights under the Law, by filling out this application form clearly and completely.

- Send a wet signed copy of this form by hand or notary to the address of “Boğazkent Mahallesi 36. Sokak No: 4 Post Code: 07500 Port Nature Luxury Resort Hotel & SPA BELEK / ANTALYA”

We will respond to your application as soon as possible and within 30 days at the latest. If the information and documents you provide are missing or incomprehensible, we will contact you to clarify your application.

1. INFORMATION OF THE DATA OWNER

Name Surname	
T.R. Identity Number (for the citizens of Turkish Republic)	
Nationality and Passport/Identity Number (for Foreigners)	
Phone Number	
Residence Address / Workplace Address	
E-mail address	

2. 2. YOUR RELATIONSHIP WITH OUR COMPANY (Please state your relationship with our company. (such as customer, business partner, employee candidate, ex-employee, third-party company employee, shareholder)

<input type="checkbox"/> Customer	<input type="checkbox"/> Business Partner
<input type="checkbox"/> Visitor	<input type="checkbox"/> Employee
<input type="checkbox"/> Others (Please state here.)	

3. APPLICATION CONTENT (Please specify your request under the Law and personal data subject to your request in detail. Please attach information and documents related to the subject to the application.)

3. DECLARATION BY THE APPLICANT

In line with the requests I mentioned above, I request that my application to your company be evaluated in accordance with Article 13 of the Law and I will be informed. I hereby declare and undertake that the information and documents that I have provided to you in this application are correct and up-to-date, that your company may request additional information in order to finalize my application, and that I may have to pay the fee determined by the Board if it requires a cost.

Method of Notification of Application Response (Please choose)

- ☐ I would like it to be mailed to the address I have declared.
- ☐ I would like it to be sent to my e-mail address I have declared.

Applicant / Personal Data Owner

Name Surname:

Application date:

Signature: