

## PERSONAL DATA PROTECTION LAW (PDPL) APPLICATION FORM

### GENERAL DESCRIPTIONS

Data owners (the “**Applicant**”), who are defined in Personal Data Protection Law No. 6698 (the “**Law**”) as “**related person**”, are entitled to claim number of rights, specified in Art. 11 of the Law, from the data controller. In line with the first paragraph of Art. 13 of the Law, the applications must be delivered to the data controller, **Simmortals Technology International B.V.** (TIN: NL868347711B01) (“**Simmortals**” or “**Company**”) in written.

Within this scope, you may submit your requests regarding your rights and the implementation of the Law through the following methods:

- By sending your application with a wet-ink signature to the address “*BUITENPLEIN 64 1181 ZE AMSTELVEEN*” via notary public, or—at your discretion for ease of proof—by registered mail with return receipt requested, or by personal submission.
- By sending an e-mail to [privacy@simmortals.com](mailto:privacy@simmortals.com) using the e-mail address that you have previously notified to the Company and that is registered in the Company's system.

In applications submitted without using a printed version of this form, it is mandatory—pursuant to the “**Communiqué on the Principles and Procedures for the Request to Data Controller**”—to include your name and surname, signature (for written applications), Turkish Identification Number (for foreigners, nationality, passport number or identification number, if any), residential or workplace address for notification, e-mail address, telephone and fax number, and the subject of your request. Applications that do not contain these required elements will be rejected by Simmortals and/or directed to the appropriate application channels.

Your applications submitted to Simmortals will be responded to “as soon as possible and within no later than 30 (thirty) days” from the date your request is received by Simmortals, depending on the nature of the request, in accordance with Article 13/2 of the Law. The responses provided by the Company will be delivered to you in writing or electronically, as stipulated under Article 13 of the Law.

Simmortals reserves the right to make changes to the application procedures in line with Board decisions or future legislative regulations. If an additional application method is determined and announced by the Personal Data Protection Board/Authority, the clarification texts used within Simmortals will be updated to include such newly introduced methods.

This form has been prepared to identify your relationship with Simmortals, to determine any personal data processed by the Company in full, and to enable us to respond to your application accurately and within the legal time frame. In order to eliminate legal risks that may arise from unlawful or unauthorized data sharing, and particularly to ensure the security of your personal data, Simmortals reserves the right to request additional documents and information (such as a copy of an identity card, passport, or driver's license) for identity and authority verification.

*Simmortals shall not be held liable for any claims arising from incorrect or outdated information provided within the scope of this form or from applications submitted without proper authorization.*

<b>Full Name:</b>	
<b>Identification Number:</b>	(Nationality&passport number or ID number for citizens of other countries)
<b>Phone Number:</b>	
<b>E-mail:</b>	
<b>Fax Number:</b>	
<b>Residential or workplace address for notice:</b>	

<input type="checkbox"/> User <input type="checkbox"/> Job Applicant <input type="checkbox"/> Former Employee	<input type="checkbox"/> Business Partner <input type="checkbox"/> Third Party Company Employee <input type="checkbox"/> OTHER:	
The process that results in the processing of your personal data by the Company ( <i>Although it is not mandatory to specify, your application can be finalized faster if you specify</i> ):.....		
<b>***Please fill in if you are a former employee:</b>  Years of Employment: .....  Unit you worked in: .....	<b>***Please fill in if you are a job applicant:</b>  Date of your job application: .....  Method of the job application: .....	<b>***Please fill in if you are a 3rd party company employee:</b>  Company title you work for: .....  Your current position: .....

..... In line with the requests, I have stated above, I kindly request that my application to your Company be evaluated in accordance with Article 13 of the Law and that I be informed.

<input type="checkbox"/>	I want it sent to my address by mail.
<input type="checkbox"/>	I want it to be sent to my e-mail address <i>(selecting the e-mail method will result in a faster response)</i> .
<input type="checkbox"/>	I want to receive it by hand <i>(In case of receipt by power of attorney, it is obligatory to submit a notarized power of attorney or certificate of authorization.)</i>
<input type="checkbox"/>	<b>OTHER:</b>

Full Name	Date of Application	Sign