RELATED PARTY APPLICATION FORM

<u>**OVERVIEW**</u>

In accordance with the Law 6698 on Protection of Personal Data (to be referred to herein as "**KVKK**" or the "**Law**"), personal data owners defined as related party or the legal representatives of such persons (to be referred to hereinafter as the "**Applicant**" or "**Related Party**"), are entitled, according to clause 11 of KVKK, with following rights: to get information whether any personal data of such persons have been processed, to request such personal data if these have been processed, to get information the purpose of such data processing and whether such data are used according to the intended purpose, to request corrections if the data's content is incomplete or incorrect, to request the deletion of such data if its is unlawful, to request the termination of such data and to request the notification of any procedures to be conducted accordingly to any third parties which the data have been disclosed to, and to claim indemnification of any losses due to unlawful processing of the data.

According to the KVKK, clause 13, first paragraph; you have to submit your requests related to the processing of your personal data to Master Assistances Danışmanlık ve Dış Ticaret A.Ş.'ye (to be referred to hereinafter as **"Master Assistances")** who acts in the capacity of the data controller. Your requests will be concluded free of charge **as soon as possible and within 30 (thirty) days at the latest, depending on the nature of the request, from the date of receipt by us**, in accordance with clause 6 of the Communiqué on Application and Procedure Principles to the Data Controller (to be referred to hereinafter as the "**Communiqué**"). However, if the transaction requires an additional cost, a fee may be charged in accordance with clause 7 of the Communiqué.

<u>**APPLICATION METHOD**</u>

Application in Person through Mail: You can apply in person or via Mail, together with application form filled in and originally signed by the applicant as well as any document evidencing your identity to **Master Assistance**'s address: *"Büyükdere Mahallesi, Hançerli Çavuş Sokak, No:28, PK. 34453 Sarıyer/İstanbul"*.

Application by Electronic Mail using Mobile Signature or Secure Electronic Signature: Application can be made by sending an e-mail to info@masterassistances.com by filling out a petition signed by the Applicant with a mobile signature or secure electronic signature, or by filling in the "Application Form" if desired.

Application via e-mail by using the e-mail address registered in the system of the Data Controller: Application can be made by sending an e-mail to info@masterassistances.com by using the e-mail address previously notified to the data controller and registered in the data controller's system.

In addition, an application can be made through a notary public or through methods that are legally valid and provide the opportunity to verify identity. It is recommended to comply with the above-mentioned issues in the applications as much as the relevant method allows, as it will increase the probability of the application to be concluded positively and in a short time.

<u>**APPLICATION FORM**</u>

RELATED PARTY INFORMATION	
Name-Surname *:	
Nationality*:	☐**Türkiye** ☐**Other**: (please specify)
Turkish Republic Identity Number*: **or** **Passport No.* / Foreign Identity No*:**	
Place of residence or business address subject to notification*:	
KEP (Registered Electronic Mail) address:	
Electronic mail address:**	
Telephone No / Fax No**:**	

*These fields are compulsory to be filled in.

** It is obligatory to specify the e-mail address, telephone and fax number subject to notification, if any.

YOUR RELATION WITH MASTER ASSISTANCES

☐ **Master Assistances employee / former employee**	**Years of employment:**
☐**Employee candidate (I have shared my curriculum vitae)**	**Application date: :** **Place of application and additional remarks, if any:**
☐ **Visitor**	**Remarks:**
☐ **Person receiving product or service**	**Remarks:**
☐ **Online User**	**Remarks:**
☐ **Supplier Executive / Employee**	**Remarks:**
☐ **Third Parties**	**Remarks:**
☐ **Other**	**Remarks:**

APPLICANT CONTENT	
Data Controller which the application has been made	**Master Assistances Danışmanlık ve Dış Ticaret A.Ş** Büyükdere Mahallesi, Hançerli Çavuş Sokak, No:28, PK. 34453 Sarıyer/İstanbul"

Subject of Request in scope of the Application *

1. ☐ I want to know if my personal data is being processed.

2. ☐ If my personal data has been processed, I request information about it.

3. ☐ I want to learn the intended purpose of processing my personal data and whether they are used in accordance with such purpose.

4. ☐ If my personal data is to be transferred to third parties inland or abroad, I would like to learn about the third parties inland or abroad to which my personal data is transferred to.

5. ☐ I want my personal data to be deleted or terminated or anonymized within the framework of the conditions stipulated by law.

6. ☐ I think my personal data is incomplete or incorrectly processed and I request the correction.
(Please provide detailed information about your personal data that you want to be corrected in the explanation section.)

7. ☐ If changes are made to my personal data upon my request, I would like that such changes shall be notified to the third parties to whom my personal data has been transferred.

8. ☐ I raise my objection to the emergence of a result against me upon analyzing my personal data exclusively through automated systems.

9. ☐ I request compensation for the damage I have been exposed to due to the unlawful processing of my personal data.
(Please provide detailed information in the explanation section about the data processing activity, as well as when and how your damage occurred.)
*It is compulsory to tick the related box in respect with the request.

REMARKS:

If requests 6 or 8 are selected, the scope of the application must be specific, clear and understandable in order to respond fully to your application.

APPENDIXES:

If you share any information and documents in the appendixes please specify.

Method of Response to your Application

***(If no method of response has been preferred**, response will be made by the same method of application)*

❏ I request the result of the application to be sent to my place of residence / business address, which is subject to notification, by mail.

❏ I want it to be sent to the e-mail address I specified in the application form.

❏ I want to receive it by hand personally or through my representative*.

* In case of receipt by proxy, a notarized power of attorney or a certificate of authorization must be available.

This application form has been prepared in order to respond to your requests accurately, completely and within the time specified in the law. As the data controller, we reserve the right to request additional documents and information (copy of identity card or driver's license, etc.)

for identification and authorization in order to prevent unauthorized access to personal data by applying and to ensure the security of your personal data. If the information regarding your requests submitted within the scope of the form is not correct and up-to-date, contains false/misleading information, or if an unauthorized application is made, your application will be rejected and legal action will be taken against the person who made the irregular transaction.

Date:			
Applicant's Name-Surname:			
Signature (In applications made via *KEP, e-signature may be used):*			
Attach information about your relationship with the applicant and/or a power of attorney, identity card sample or relevant document showing your authority to the application and send it together.			