

MODE MEDİKAL SANAYİ VE TİCARET LIMITED SİRKETİ
INFORMATION REQUEST APPLICATION FORM

The protection of personal data is one of the top priorities of Mode Medikal Sanayi ve Ticaret Limited Sirketi (“Mode Medikal” or “Company”), and maximum effort is made to comply with all applicable legislation in this regard.

At Mode Medikal, our primary principles include the protection of fundamental rights and freedoms, privacy regarding personal life, ensuring and maintaining information security, and respecting ethical values. Article 11 of the Law on the Protection of Personal Data No. 6698 (“PDPL”), titled “Rights of the Related Person,” grants data subjects the right to make certain requests regarding the processing of their personal data. Our Company has prepared this information request application form to ensure that data subjects exercise these rights and to fulfill the disclosure obligation set out in Article 10 of the PDPL.

According to Article 11 of the PDPL, you can exercise your rights by applying to the Company and filling out the form included in the annex as follows:

- a) You can learn whether your personal data is being processed,
- b) If your personal data has been processed, you can request information regarding it,
- c) You can learn the purpose of processing your personal data and whether they are used in accordance with their purpose,
- d) You can learn the third parties to whom your personal data is transferred, whether domestically or internationally,
- e) If your personal data is incomplete or incorrectly processed, you can request its correction,
- f) You can request the deletion or destruction of personal data within the framework of the conditions stipulated in Article 7 of the PDPL,
- g) You can request notification of third parties to whom personal data has been transferred regarding the transactions carried out pursuant to items (e) and (f),
- h) You can object to the emergence of a result against you by means of analysis of the processed data exclusively through automated systems, and
- i) In case you suffer damage due to unlawful processing of your personal data in violation of the PDPL, you can request compensation for the damage.

According to Article 13 of the PDPL, data subjects must communicate their requests to our Company in writing or by other methods determined by the Personal Data Protection Authority (“Authority”). In this context, applications to be made to our Company can be sent to us free of charge after completing this form and taking a printout by choosing one of the following three methods.

No.	Application Method	Address for Application	Required Action
1. Written Application	The data subject must apply in person to our Company (it is mandatory for the data subject to have documents proving their identity) or through a Notary Public.	Yenidoğan Mah. Abdi İpekci Cad. No: 58 Bayrampaşa/İstanbul	The envelope must be marked "Request for Information on the Protection of Personal Data."
2. Application by Using the Email Address in Our System	You can apply using the email address registered in our system by sending an email to	info@modemedikal.com	The subject line of the email should read "Request for Information Under the Personal Data Protection Law."
3. Application Using an Email Address Not Found in Our System	You can apply using an email address not registered in our system by including a mobile signature/e-signature	info@modemedikal.com	The subject line of the e-mail should read "Request for Information Under the Personal Data Protection Law."
4. Application via Registered Electronic Mail (KEP)	The application must be signed with a "Secure electronic signature" as defined in the Electronic Signature Law No. 5070 and sent via Registered Electronic Mail (KEP)	modemedikalsanayi@hs01.kep.tr	The subject of the email must be "Request for Information Under the Personal Data Protection Law.".

Additionally, after the other methods determined by the Authority are announced, our company will also announce how applications can be received through these methods.

It is not possible for third parties to exercise the right to information under Article 11 of the PDPL on behalf of data subjects. For a request regarding personal data of someone other than the data subject to be made, a wet-signed and notarized original power of attorney issued by the data subject in favor of the person making the request must be presented.

Your requests submitted to us will be responded to within thirty days from the date your request reaches our company, depending on the nature of the request, in accordance with Article 13/2 of the

PDPL. Our responses will be delivered to you in writing or electronically as stipulated by Article 13 of the PDPL.

Data Controller Company Contact Information:

Mode Medikal Sanayi ve Ticaret Limited Sirketi

Address: Yenidođan Mah. Abdi İpekçi Cad. No: 58 Bayrampaşa/Istanbul

Tax Office/No: Bayrampaşa Tax Office/7630577763

MERSIS No: 0763057776300012

Phone: +90 212 612 64 09

Email: info@modemedikal.com

Website: www.modemedikal.com

Registered Email (KEP): modemedikalsanayi@hs01.kep.tr

BİLGİ EDİNME BAŞVURU FORMU

Lütfen aşağıdaki tabloyu doldurunuz.

Ad-Soyad:	
TC Kimlik Numarası:	
Telefon Numarası:	
E-posta: (Belirtmeniz halinde size daha hızlı yanıt verebileceğiz.)	
Adres:	
Şirketimiz ile olan iş ilişkiniz (Müşteri, iş ortağı, çalışan adayı, eski çalışan, üçüncü taraf firma çalışanı, hissedar vb.)	
Şirketimiz içerisinde iletişimde olduğunuz birim:	
Başvuruza ilişkin açıklama ve talebiniz ile ilgili belgeleri bu forma ekleyiniz (Lütfen KVKK kapsamındaki talebinizi detaylı olarak belirtiniz):	
Lütfen başvuruza verilecek yanıtla ilişkin tercihinizi belirtin:	<input type="checkbox"/> Adresime gönderilmesini istiyorum. <input type="checkbox"/> E-posta gönderilmesini istiyorum. <input type="checkbox"/> Elden teslim almak istiyorum. (Vekâleten teslim alınması durumunda noter tasdikli vekâletname veya yetki belgesi olması gerekmektedir.)

Lütfen KVK Kanunu kapsamındaki talebinizi detaylı olarak belirtiniz:

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İşbu başvuru formu, Şirketimiz ile olan ilişkinizi tespit ederek, varsa, Şirketimiz tarafından işlenen kişisel verilerinizi eksiksiz olarak belirleyerek, ilgili başvurunuza doğru ve kanuni süresinde cevap verilebilmesi için hazırlanmıştır. Hukuka aykırı ve haksız bir şekilde veri paylaşımından kaynaklanabilecek hukuki risklerin bertaraf edilmesi ve özellikle kişisel verilerinizin güvenliğinin sağlanması amacıyla, kimlik ve yetki tespiti için Şirketimiz ek evrak (nüfus cüzdanı vb.) talep etme hakkını saklı tutar. Form kapsamında iletmekte olduğunuz taleplerinize ilişkin bilgilerin doğru ve güncel olmaması ya da yetkisiz bir başvuru yapılması halinde Şirketimiz, söz konusu yanlış bilgi ya da yetkisiz başvuru kaynaklı taleplerden dolayı sorumluluk kabul etmemektedir.

Bunun yanında yapılan işin mahiyeti uyarınca gerektiği haller haricinde, lütfen kişisel veri içerikli belge/bilgi paylaşmayınız. Gönderilen belgeler içerisinde kişisel veri olması halinde, lütfen söz konusu belgeden ilgili kişisel veriyi siliniz veya anonim hale getirmek suretiyle paylaşınız. İşin mahiyeti uyarınca gerekmiyor olmasına rağmen paylaşmış olduğunuz kişisel verilere ilişkin hiçbir sorumluluğumuz bulunmamaktadır.

Başvuru Sahibi (Kişisel Veri Sahibi) :
Adı Soyadı :
Başvuru Tarihi :
İmza :