**Document No.**

FR-KVKK-04

**DATA OWNER REQUEST FORM**

**First Release Date**

11.04.2023

**Revision No.**

**Revision Date**

This form of persons who want to exercise their rights arising from the Personal Data Protection Law (KVKK)

It is required to fill it out and deliver it to our institution through one of the following methods.

i. By applying to our institution in person with an identity document (Identity Card, Driver's License, Passport, etc.),

ii. **Barbaros Mah. Ak Zambak Sk. Uphıll Towers No: 3 A / 93 Ataşehir/ Istanbul**

by sending or

Iii.You can send [**it to kvkk@silakilicsayar.co m**from the e-mail address of the data owner.](mailto:kvkk@silakilicsayar.com)

Within 30 days after your request reaches us, we will get back to you through the channels specified here.

Information will be provided.

**1. Information for the Data Subject**

Name/Surname

TR Identity Number

Telephone number

Email

Address

**2. Applicant**

Select the option that best describes your relationship with our company and enter it in the detail information field.

indicate the continuation of the relationship, and if it has ended, indicate the period in which the relationship took place.

Customer

Visitor

Employee Candidate

Supplier

Employee

Other\*

Other (Disclosure):

**3. Please detail your request under KVKK:**

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**4. Information on the Finalization of the Application**

*If you have a special preference for the return channel, please specify.* To evaluate your request

If additional information is needed, you may be contacted.

Mail

Email

**Data Subject Signature**

1/1

**Form Recipient**

**Control/Approver**

KVKK Contact Person

General Manager