DATA SUBJECT APPLICATION FORM

1. Method of Application

You can submit your requests regarding your rights listed in Article 11 of the Law on the Protection of Personal Data No. 6698 ("<u>Law</u>") to Kazancı Holding and our Group Companies via this form, using one of the methods described below, in accordance with Article 13 of the Law and Article 5 of the Communiqué on the Procedures and Principles for Application to the Data Controller.

		METHOD of APPLICATION	ADDRESS FOR APPLICATION	INFORMATION TO BE INDICATED IN THE APPLICATION
1.	Written Application	In person with a wet signature or via a notary	Rüzgarlıbahçe, Özalp Sokağı No:10, 34805 Kavacık - Beykoz/İstanbul	The envelope or notification should be labeled: "Request for Information within the scope of the Law on the Protection of Personal Data"
2.	Registered Electronic Mail (KEP)	Via registered electronic mail (KEP) addres	kazanciholding@hs02.kep.tr	The subject line of the e-mail should be as: "Request for Information under the Law on the Protection of Personal Data"
3.	Application via Electronic Mail Registered in Our System	Via e-mail address registered in our Company's system	kvkk@aksa.com.tr	The subject line of the e-mail should be as: "Request for Information under the Law on the Protection of Personal Data"
4.	Application via Electronic Mail Not Registered in Our System	Via an electronic mail address not registered in our company system, including mobile signature/e-signature	kvkk@aksa.com.tr	The subject line of the e-mail should be as: "Request for Information under the Law on the Protection of Personal Data"

1. Identity and Contact Information

You must attach documents verifying your identity, as well as any information and documents relating to the subject of your request, to your application.

We would like to emphasize that the subject matter of the request must relate solely to the data subject him/herself. If an application is submitted on behalf of another person, the applicant must rely on a specifically documented authorization (power of attorney) granted for the requested action. In this context, documents evidencing your authority to submit the application (such as a power of attorney or documents proving that you are the legal guardian or custodian of the data subject) must be enclosed with the application. Applications submitted without proper authorization shall not be taken into consideration.

This application form has been prepared in order to identify your relationship with our Company and, where applicable, to fully determine the personal data processed by our Company, so that your request may be responded to accurately and within the statutory time limits. For the purpose of eliminating legal risks arising from unlawful or unjustified data disclosure and, in particular, ensuring the security of your personal data, our Company reserves the right to request additional documents and information (such as copies of an identity card or driver's license) for the purposes of identity and authorization verification. In the event that the information provided within the scope of your application is inaccurate or not up to date, or if an unauthorized application is submitted, our Company shall not accept any liability arising from such incorrect information or unauthorized request.

Please complete the fields below in order to enable us to contact	you and verify your identity.
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Name-Surname	:						
TR Identification Number / Passport Number or National ID Number for Non-Turkish	:						
Citizens							
Adress for Notification / Work Adress	:						
Mobile Phone	:						
Telephon Number	:						
Faks Number	:						
E-mail Adress	:						
2. Your Relationship with the Company							
Former Employee		(Period of Employment)					
Third Party Company Employee		(Company and positon information)					
Job Appliant/ Candidate		(Date of CV submission)					
Customer							
Business Partner							
Visitor							
Other [
3. Subject of the Request Please clearly specify your request regarding your personal data below. Any relevant information and documents should be attached to your application.							

4. Please select your preferred method of receiving the response						
I request that the response be sent to my postal address provided above.						
I request that the response be sent to my e-mail address provided above.						
I request that the response be sent to my fax number provided above.						
I request to receive the response in person.						
(In case of collection by proxy, a notarized power of attorney or authorization document is	required.)					
In line with the requests stated above, I kindly request that my application submitted to your Company be evaluated pursuant to Article 13 of the Law and that I be informed accordingly.						
I hereby declare and undertake that the information and documents I have provided within the scope of this application are accurate and up to date; that I have been informed that your Company may request additional information in order to finalize my application; and that, in the event that the process requires an additional cost, I may be required to pay the fee determined by the Personal Data Protection Board.						
Applicant (Data Subject)						
Applicant (Faca Gab) Cot)						

Name Surname : Application Date :

Signature