

Personal Data Owner Application Form

General

This Application Form has been prepared by “Surgicrafters Health Tourism and Education Consulting Services Import Export Limited Company “(**The Company**) as a data controller, to effectively and comprehensively evaluate and resolve the applications made by you data owners in accordance with Articles 11 and 13 of the Personal Data Protection Law No. 6698 (“KVKK”).

Application Method:

You, as data owners, in accordance with Articles 11 and 13 of the KVKK, can submit your requests regarding the implementation of the KVKK to our Institution, which is the data controller, by:

In person by filling out this Application Form in writing and personally delivering it to “Esentepe Mah. Kelebek Sk. Marmara Kule A Block No: 2 Internal Door No: 213 Kartal-Istanbul Turkey”, or by mail to the registered electronic mail (KEP) address surgicrafters@hs01.kep.tr

with a secure electronic or mobile signature, or to our Institution's previously notified electronic mail address registered in our system, with the subject "Personal Data Protection Law Information Request.”

Information Related To Data Owner: In order to conduct necessary research and evaluations regarding your application and to find solutions to the issue, you are required to fill in the fields below accurately and completely:

Name Surname (Signature in written application)	
Turkish ID No/Passport No	
Notification Address	
E-mail/Phone/Fax No	
Subject of Request	

The personal data you provided above is processed in order to evaluate and finalize this Application Form and to contact you. Please mark the appropriate option regarding your relationship with our Institution and indicate whether the current relationship continues as of the application date.

Patient	<input type="checkbox"/>	<input type="checkbox"/>
Business Partner Visitor Employee	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

(My relationship with the Institution continues as of the application date.

My relationship with the Institution has ended as of the date I have specified.

Requests Of the Data Owner:

As the data owner, please specify the subject(s) you would like to be informed about within the scope of Articles 11 and 13 of the KVKK, the method of transmission of our responses to you, and additional information you would like to add, if any, reflected in the table below. The documents related to the specified subject should be attached to the Application Form.

Information Request	Response Delivery Method (Phone/post/e-mail/in person)	Notes
I would like to be informed whether my personal data is processed, and if so, which data is processed.		
I would like to be informed about the purpose of processing my personal data and whether they are used in accordance with their purpose.		
I would like to be informed about the third parties in Türkiye and/or abroad to whom my personal data has been transferred.		

<p>I believe that my personal data has been processed incompletely or inaccurately, and I want them to be corrected and notified to the third parties with whom they were shared.</p>		
<p>I want my personal data to be deleted/destroyed/ anonymized due to the elimination of the reasons for processing and to notify the change to the shared third parties.</p>		
<p>I do not accept the outcome against me due to the analysis of my processed personal data exclusively through automated systems.</p>		

For applications to be made by third parties on behalf of the data owner, a notarized power of attorney must be sent to us along with this Application Form, and for applications to be made on behalf of those under guardianship and children, copies of documents certifying the custody/guardianship relationship must be sent to us together with this Application Form.