

# DATA SUBJECT APPLICATION FORM (For the Applications of the Personal Data Owner to the Data Controller)

#### **GENERAL EXPLANATIONS**

Law on Personal Data Protection numbered 6698 (Law) determines that data owners, defined as data subjects (Data Subject) may use the rights related to personal data granted to them under Article 11 of the Law, and shall apply to the Data Controller in order to exercise these rights.

As per the paragraph 1 of Article 13 of the Law, applications to be made regarding these rights to Türkiye Halk Bankası A.Ş. in the capacity of data controller (Data Controller or the Bank) shall be communicated in the following ways.

#### **MEANS OF APPLICATION:**

You may send your request to exercise your abovementioned rights in Turkish; in written form or by means of registered e-mail (KEP) address, secure electronic signature, mobile signature or your e-mail address registered in Bank records, as per paragraph 1 of Article 13 of Law No. 6698, and as per the Decree on Procedures and Principles of Application to Data Controllers dated 10.03.2018 and numbered 30356. The Bank's right to authenticate your identification before responding is reserved.

Your application must include the following and information and documents related to the subject matter, if any, shall also be attached to the application:

- a) Your name, surname and your signature, if the application is in writing,
- b) Your TR Identity Number for citizens of the Republic of Turkey; and if you are a foreigner, your nationality, passport number or identity number, if available,
- c) Your permanent residence or business address for notification,
- d) Your e-mail address, phone number and fax number for notification,
- e) The subject of your request

You may submit your written applications to the Headquarters or the Branch Offices of our Bank as the data controller, by filling this form and adding the necessary documents.

If you would like to aplly by e-mail, you may send your application to the address of hbkvk@halkbank.com.tr, or if you would like to apply by KEP you may send your application to our address of halkbank.muhaberat@hs03.kep.tr.

This form, and the information and documents depending on the nature of your request must be provided to us completely and correctly. If the requested information and documents are not provided as required, we may suffer setbacks in execution of complete and qualified research by our Bank regarding your request. In this case our Bank represents that it reserves its legal rights. Therefore your application should be submitted in a way that is complete and contains the requested information and documents depending on the nature of your request.

### IDENTIFICATION OF THE APLLICANT AND CONTACT INFORMATION

The following information shall be provided for us to define "The Applicant" and carry out the necessary investigations within our Bank in accordance with the nature of your request.



In addition the following contact information is requested for the puporse of getting further information from you regarding your application, snforming you of our examination procedures and communicating you your application results.

| Name 9  | Surname  |   |  |
|---|--|---|--|
| TR Iden   | itity Number   | :   |  |
| Addres  | S  | :   |  |
|   |  | <del></del>   |  |
| Mobile  | Phone  | :   |  |
| E-mail  | Address  | :   |  |
| KEP Ad  | dress  | :   |  |
|   |  | :   |  |
| In order to ensure the security of your personal data, our Bank may contact you within seven (7) days as of the receipt of you apllication by our Bank, in order to confirm that you are the data owner and may request certain information and documents from you regarding the subject matter.  |  |   |  |
| In the lack of requested information and documents, the information and documents should be completed and provided to us upon our request. The period of thirty (30) days for finalization of the request indicated under Article 13/2 of the Law will be suspended until the information and documents have been fully provided to us. |  |   |  |
| SUBJECT OF REQUEST:   |  |   |  |
| <ul><li>□ 2.</li><li>□ 3.</li><li>□ 4.</li><li>□ 5.</li></ul>   | If your Bank If your Bank the purpose o If my persona these third pa I think my pe | al data is being transferred to third parties domestically or abroad, I would like to be informed of  |  |
|   |  | ny personal data, which I think is missing or has been incorrectly processed, to be corrected also es (Request No 5).   |  |
| □ 8.  | related laws,<br>Even though<br>related laws,                                      | my personal data has been processed in accordance with the Law and provisions of other I think the processing reasons are now void. In this context I request my personal data be destroyed. my personal data has been processed in accordance with the Law and provisions of other I think the processing reasons are now void (Request No 7) and in this context, I want my personal stroyed also by third parties. |  |
|   | automated sy<br>this result.   | my personal data that is processed by your Bank, has been analyzed exclusively through stems, and as a consequence of this analysis a result against me has been produced I object to the analysis result that you believe has gone against you:  |  |
|   | damage. Ple  | ed a loss due to the illegal processing of my personal data. I request compensation for this ase attach documents supporting your claim. the matter that contradicts to the Law:  |  |



| Please indicate your relationship with our Bank.   |  |  |
|--|--|--|
| ☐ Client   |  |  |
| ☐ Business Partner   |  |  |
| ☐ Guest  |  |  |
| ☐ Third Party Employee   |  |  |
| Please specify the firm and position in which you are working:   |  |  |
| $\square$ Job Application / CV Sharing.  |  |  |
| Date:  |  |  |
| ☐ Employee/ Former Employee  |  |  |
| Years Worked   |  |  |
| ☐ Other:   |  |  |
|  |  |  |
| Unit/Person you have communicated in our Bank:   |  |  |
| Subject:   |  |  |
|  |  |  |
|  |  |  |
| Please explain in detail your request within the scope of the Law:   |  |  |
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|  |  |  |
| Please select the notification method of our response to you:  |  |  |
| ☐ I want it to be sent to my address.  |  |  |
| ☐ I want it to be sent to my KEP address.  |  |  |
| ☐ I want it to be sent to my e-mail address.   |  |  |
| (We will be able to respond more quickly if you choose the e-mail method.)   |  |  |
|  |  |  |
| ☐ I want to receive by hand.   |  |  |
| (Should the information be required to be received by a proxy, they must have notarized power of attorney or an      |  |  |
| authorization certificate.)  |  |  |
|  |  |  |
| In the light of the abovementioned requests of mine, I would like to be informed of the application I have made upon |  |  |
| evaluation as per Article 13 of the Law.   |  |  |
|  |  |  |
| Name Surname :   |  |  |
|  |  |  |
| Signature :  |  |  |
|  |  |  |



## To be filled out by the Bank.

Delivery Date : Recipient Bank Employee : Signature :