

<b>HAMLE</b>	<b>DATA SUBJECT REQUEST FORM</b>	<b>Document No:</b>	FR-KVKK-04
		<b>First release Date</b>	03.02.2023
		<b>Revision No:</b>	
		<b>Revision date</b>	

Persons who want to exercise their rights arising from the Personal Data Protection Law (KVKK) must fill out this form and send it to our institution through one of the following methods.

- By personally applying to our institution with an identity document (Identity Card, Driver's License, Passport, etc.)
- HAMLE İNŞAAT TAAHHÜT MÜHENDİSLİK MÜŞAVİRLİK ANONİM ŞİRKETİ** by sending it to the address of
- DUDULLU OSB MAH. DES-104 SK. B 10 BLOK NO: 12 ÜMRANIYE/ İSTANBUL** by forwarding it to [kvkk@hamleas.com](mailto:kvkk@hamleas.com) from the e-mail address of the data owner

After your request reaches us, you will be informed within 30 days by getting back to you through the channels specified here.

### 1. Information Regarding Data Owner

Name/Surname	
Turkish Identity Number	
Phone number	
Email	
Address	

### 2. Applicant

Select the option that best describes your relationship with our company, and specify the continuation status of this relationship in the detail information field, and the period in which the relationship occurred if it has ended.

Customer	<input type="checkbox"/>	Visitor	<input type="checkbox"/>	Employee Candidate	<input type="checkbox"/>
Supplier	<input type="checkbox"/>	Employee	<input type="checkbox"/>	Other*	<input type="checkbox"/>
Other (Description):					

### 3. Please detail your request within the scope of KVKK:

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### 4. Information Regarding the Finalization of the Application

*If you have a special preference for the return channel, please specify. If additional information is needed for the evaluation of your request, you may be contacted.*

Mail	<input type="checkbox"/>	Email	<input type="checkbox"/>
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<b>Data Subject Signature</b>
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<b>Person Receiving the Form</b> KVKK Contact Person	<b>Checking/Approving</b> General Manager
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