

# TASİGO HOTELS

## RELATED PERSON APPLICATION FORM

### GENERAL EXPLANATIONS

Personal data owners or legal representatives of these persons ("Applicant" or "Relevant Person") defined as the data subject within the scope of the Personal Data Protection Law No. 6698 ("PDPB" or "Law"), rights to make claims are regulated.

Pursuant to the first paragraph of Article 13 of the PDPB Poliday Construction and Tourism Industry. ("Tasigo Hotels") regarding these rights must be submitted in writing or by other methods determined by the Personal Data Protection Board ("Board").Your request according to its nature; It will be answered as soon as possible or within thirty days at the latest from the date it reaches Tasigo Hotels. However, if the transaction requires a separate cost, a fee may be charged in accordance with Article 7 of the Communiqué.

### APPLICATION METHOD

- **Application By Mail or In Person:** Application form filled and signed by the Applicant and documents proving identity can be applied to Dede Mh. Haktanır St. No: 4 Odunpazari / Eskisehir in person or by mail.
- **Application Via Registered Electronic Mail (KEP):** Application can be made by sending it to [polidayinsaat@hs01.kep.tr](mailto:polidayinsaat@hs01.kep.tr) by signing with the "secure electronic signature" defined in the Electronic Signature Law No. 5070 by the Applicant.
- **Electronic Mail Application Using Mobile Signature or Secure Electronic Signature:** An application signed by the Applicant with a mobile signature or no electronic signature or the completion of "Application Forms" can be submitted by sending an application e-mail to [kvkkbasvuru@tasigo.com](mailto:kvkkbasvuru@tasigo.com).

*We remind you that you can get a faster response if you write "Information / Change Request Under the Law on the Protection of Personal Data" on the application envelope or in the subject part of the e-mail.*

Also notary legally valid and use for verification purposes. It is recommended for the approximation to conclude the application positively and in a short time, for a short time, which will be communicated with the rules regarding zooming in applications.

**APPLICATION FORM**

RELATED PERSON INFORMATION	
Name and Surname:	
Nationality:	<input type="checkbox"/> Turkey <input type="checkbox"/> Other If other, please specify:.....
Turkish ID Number:	
Passport Number / Foreign Identity Number:	
Address:	
KEP address:	
Email address:	
Phone No / Fax No:	
YOUR RELATIONSHIP WITH TASIGO HOTELS	
<input type="checkbox"/> Customer	<input type="checkbox"/> Employee
<input type="checkbox"/> Employee Candidate	<input type="checkbox"/> Other
Explanation:	
APPLICATION CONTENT	
Applied Data Supervisor	<b>Tasigo Hotels</b> Dede Mh. Haktanır St. No: 4 Odunpazari / Eskisehir
Subject of Request to be Submitted within the Application	<input type="checkbox"/> I would like to find out if my personal data has been processed. <input type="checkbox"/> If my personal data has been processed, I request information about it. <input type="checkbox"/> I would like to learn the purpose of processing my personal data and whether they are used in accordance with their purpose. <input type="checkbox"/> I would like to learn about the third parties to whom my personal data is transferred. <input type="checkbox"/> I want my personal data to be deleted or destroyed or anonymized within the framework of the conditions stipulated by law. <input type="checkbox"/> Due to the incomplete or incorrect processing of my personal data, I would like them to be corrected. (please provide detailed information about your personal data that you want to be corrected in the description section) <input type="checkbox"/> If changes are made to my personal data upon my request, I would like the third parties to whom my personal data has been transferred to be notified of this. <input type="checkbox"/> I request compensation for the damage I have suffered due to the unlawful processing of my personal data. (please provide detailed information in the explanation section about which data processing activity, when and how your loss occurred)

**DESCRIPTIONS:**

*In order to give a healthy response to your application, the scope of the application must be specific, clear and understandable.*

**ATTACHMENTS:**

*If you share information and documents in the attachment, please specify.*

**Response Method to Your Application**

*(If no response method is preferred, the application will be answered in the same way as it was submitted.)*

I want it sent to my address.

*(by sending to the address specified in the application)*

I want it to be sent to the e-mail address I specified in the application form

*(We will be able to respond to you faster if you choose the e-mail method.)*

I want to receive it by hand.

*(In case of receipt by proxy, a notarized power of attorney or authorization document is required.)*

This application form; It has been arranged so that your requests can be answered accurately, completely and within the time specified in the law. As the data controller, we reserve the right to request additional documents and information (copy of identity card or driver's license, etc.) for identification and authorization in order to prevent unauthorized access to personal data by applying and to ensure the security of your personal data. If the information regarding your requests you submit within the scope of the form is not correct and up-to-date, with false/misleading information or if an unauthorized application is made, your application will be rejected and legal action will be taken against the person who made the illegal transaction.

<b>Date:</b>	
<b>Applicant Name and Surname:</b>	
<b>Signature:</b> <i>E-signature can be used for applications made through KEP.</i>	
<i>Attach information about your relationship with the applicant and/or a power of attorney, a copy of the population registration or the relevant document showing your authority, and send it to your application.</i>	