

DATA SUBJECT APPLICATION FORM

GENERAL REMARKS

Owners of personal data defined as data subject under the Personal Data Protection Law No. 6698 (“KVKK” or “act”) or legal representatives of such persons (the “applicant” or “data subject”) are granted rights relating to the processing of personal data according to 11th article of KVKK.

In accordance with the first paragraph of Article 13 of the KVKK, applications to be made to OMSAN Denizcilik Anonim Şirketi (“OMSAN” or “The Company”), the data controller, regarding these rights must be submitted to us in writing or by other methods determined by the Personal Data Protection Board (“the Board”). According to its nature, your request will be answered as soon as possible or no later than thirty days from the date it reaches OMSAN.

APPLICATION METHOD

- Application by Mail or In Person: An application form filled out and signed by the applicant, as well as documents confirming his identity, together with documents related to identity should be delivered to Küçükbakkalköy Mah. Merdivenköy Yolu Cad. No:3/1 34750 Ataşehir /İSTANBUL address in person or by mail.
- Application by Registered E-Mail (KEP): A petition signed by the Applicant's registered e-mail address (KEP) or an application can be made by sending “Application Form” if he wishes to omsandenizcilik@hs02.kep.tr e-mail address.
- By using mobile signature or electronic signature through electronic mail submission: A petition signed by the applicant with a mobile signature or a secure electronic signature or by filling out the “Application Form” and sending to kvkk@omsan.com e-mail address.
- E-mail Application: an application can be made by sending an e-mail by using the e-mail address previously notified to OMSAN, the data controller, by the applicant and registered in OMSAN's system to the kvkk@omsan.com address. Depending on the subject of the request in this application, OMSAN reserves the right to request identity authentication.

In addition, an application can also be made by a Notary or by methods that are legally valid and provide the opportunity to verify identity. It is recommended to comply with the above-mentioned issues in the applications to the extent possible with the relevant method, as this will increase the likelihood of a positive and short-term outcome of the application.

APPLICATION FORM

DATA SUBJECT CONTACT INFORMATION	
Name surname:	
Nationality:	<input type="checkbox"/> Republic of Turkey <input type="checkbox"/> Other If you selected other, please specify:
Identity number:	
Passport No / Foreign identity No:	
Address:	
KEP (Registered E-Mail) address:	
Electronic mail address:	
Phone No / Fax No:	

YOUR RELATIONSHIP WITH OMSAN	
<input type="checkbox"/> OMSAN Employee / Former Employee	Years of employment:
<input type="checkbox"/> Job Application / I shared my Resume	Date:
<input type="checkbox"/> OMSAN Intern / Former Intern	Years of internship:
<input type="checkbox"/> Internship Application / I share my Resume	Date:
<input type="checkbox"/> Supplier Official/Employee	Description:
<input type="checkbox"/> OMSAN Customer	Description:
<input type="checkbox"/> Visitor	Description:

<input type="checkbox"/> Members of the Board of Directors	Description:
<input type="checkbox"/> Other	Description:

APPLICATION CONTENT	
Data controller for the Application	OMSAN Denizcilik Anonim Şirketi
Subject of Request to be forwarded Within the Scope of 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 find out the purpose of processing my personal data and whether it is used for its intended purpose. <input type="checkbox"/> I would like to find out about the third parties to whom my personal data is transferred at home or abroad. <input type="checkbox"/> I would like my personal data to be deleted or destroyed or anonymized within the framework of the conditions stipulated by law. <input type="checkbox"/> I would like to have my personal data corrected due to incomplete or incorrectly processed. (please provide detailed information about your personal data that you want to be corrected in the Description) <input type="checkbox"/> If changes are made to my personal data upon my request, I would like third parties to whom my personal data has been transferred to be notified. <input type="checkbox"/> I claim to be compensated for the damage I have suffered due to the illegal processing of my personal data. (please provide detailed information in the Description section about the result of the data processing activity, when and how your damage occurred)
DESCRIPTIONS: <i>In order to respond to your application in a smooth way, the scope of the application must be specific, clear and understandable.</i>	

ANNEXES: <i>If you are sharing information and documents in attachment, please specify.</i>	

Method of Answering Your Application <i>(If no response method is preferred, the application will be answered by the method in which it was submitted)</i>
<input type="checkbox"/> I want it to be sent to my address. (With the shipment to be made to the address specified in the application) <input type="checkbox"/> I want it to be sent to my e-mail address specified in the application form. (If you choose the e-mail method, we will be able to reply to you faster) <input type="checkbox"/> I want to get it delivered by hand. (Notarized power of attorney or authorization document in case of delivery by proxy must be available)

This application form has been prepared so that your requests can be answered correctly, completely and within the time specified in the law. In order to eliminate legal risks that may arise from illegal or unjustly performed data sharing and to ensure the security of your personal data, OMSAN reserves the right to request additional documents and information for identification and authorization (copy of identity card or driver's license, etc.) to ensure identity and authorization. OMSAN does not accept liability for such requests if the information about your requests that you submit within the scope of the form is not accurate and up-to-date, if incorrect/misleading information is provided or if an unauthorized application is made. In these cases, OMSAN reserves the right to reject the application by explaining its rationale.

Date:	
--------------	--

Name and Surname of the Applicant:	
<i>Signature: E-signature can be used for applications made through KEP.</i>	
<i>Please send information about your relationship with the applicant and/or a power of attorney indicating your authority, a population registration sample or a related document by adding it to your application.</i>	