PERSONAL DATA APPLICATION AND RESPONSE PROCEDURE
NOVA DENTAL AND MEDICAL SERVICES LIMITED COMPANY

GENERAL EXPLANATIONS:

In accordance with the Law No. 6698 on the Protection of Personal Data ("PDPL"), individuals defined as "data subjects" ("Data Subject") are granted the right to apply to the Data Controller ("My Nova Oral and Dental Health Center") regarding the rights specified in Article 11 of the PDPL, concerning the processing of their personal data. Applications related to these rights must be submitted to our Company in writing or electronically and by the methods specified below, pursuant to Article 13, paragraph 1 of the PDPL and the relevant provisions of the "Communiqué on the Principles and Procedures for Application to the Data Controller."

APPLICATION METHODS:

In applications to be submitted to our Company within the scope of the Law on the Protection of Personal Data, as per Article 5/2 of the Communiqué on the Principles and Procedures for Application to the Data Controller, published in the Official Gazette dated 10.03.2018 and numbered 30356, the following personal information must be provided: full name, signature if the application is in writing, Turkish ID number for citizens of the Republic of Turkey, nationality and passport number or identity number for foreigners (if any), residential or workplace address for notification, e-mail address (if any), phone and fax numbers, and details of the request.

Written Applications:

Written applications to our Company must include the aforementioned information and be submitted with a fully completed and wet-signed copy of this "Application Form":

- In person or by proxy (with a notarized power of attorney indicating authority to apply for the rights listed in Article 11 of the PDPL) to our Company's Quality Directorate or Human Resources Department,

- Or sent via notary to the following address:
  İmbatlı Mahallesi 6076 Sokak No:12/F Yeni Girne-Karşıyaka/İZMİR

Electronic Applications:

Electronic applications to our Company must be submitted with a fully completed copy of this "Application Form" containing the above-mentioned information, by:

- Signing it with a secure electronic or mobile signature as defined under the Electronic Signature Law No. 5070 and sending it to our Company's Registered Electronic Mail (REM) address at: *[You may insert the REM address here]*,

- Sending it from the applicant's personal e-mail address previously registered in our Company's system,

- Or by using a software or application developed by our Company for the purpose of application.

(As of now, there is no such software or application developed by our Company for this purpose.)

Your applications submitted to us will be finalized “as soon as possible and no later than thirty (30) days” from the date they are received, in accordance with the nature of your request, and responded to in written or electronic form in compliance with legal and ethical principles.

If any deficiencies are detected in your application, you will be notified, and if the missing information is not provided by you within seven (7) days of this notification, your request will be suspended until the deficiencies are resolved.

However, if the process requires an additional cost, no fee will be charged for the first ten (10) pages; for each page beyond ten, a processing fee of 1.00 Turkish Lira will be charged as per Article 7 of the Communiqué on the Principles and Procedures for Application to the Data Controller.

It is important that the content of your request is clear, understandable, and time-stamped. Therefore, this application form must be completed accurately and entirely, and submitted to our Company via the methods outlined above.

INFORMATION ABOUT THE APPLICANT

Name..... :

Surname..... :

T.C. ID Number..... :

For Foreigners:

Nationality..... :

Passport Number/

ID Number..... :

E-mail address..... :

(We will be able to respond to you faster if you specify.)

Address..... :

Mobile Phone..... :

Fax..... :

Please specify your relationship with our institution.

□ Employee

□Customer/Patient

□Visitor

□Former Employee

Please indicate the year you worked and the position:

□Employee candidate/Job application

Please indicate the application date and the position applied for:

□Third party company employee

Please indicate the company/institution you worked for and the position:

□Other (supplier, business partner, etc.)

Please indicate the company/institution name:

Unit/Person you spoke to within our institution:

Subject:

Please explain your request within the scope of the Law in detail:

Request No

Request Subject

Your choice (please fill in)

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Whether your company processes personal data about me