

BERRİN PEHLİVAN DATA SUBJECT REQUEST FORM

(For Applications to the Data Controller by the Data Subject)

GENERAL

This Request Form has been prepared by Berrin Pehlivan (“ONCOLOG”) in the capacity of Data Controller to evaluate and resolve your applications in accordance with Articles 11 and 13 of the Personal Data Protection Law No. 6698 (“Law”).

REQUEST METHODS

In accordance with Articles 11 and 13 of the Law, you may submit your requests related to the implementation of the Law to ONCOLOG, who acts as the data controller, by filling out this form in writing or through other methods specified by the Personal Data Protection Board (“Board”) as follows:

You can deliver a hard copy of the signed data subject request form personally, by registered mail with return receipt requested, or through a notary public to the address: Krizantem Sok. No:30 34330 Levent/Istanbul,
or

You can send a signed copy of the data subject request form electronically to the email address bpehlivan@berrinpehlivan.com.

The above-mentioned channels are considered "written" application channels as per Article 13, Paragraph 1 of the Law. After the Board announces other methods, our Company will notify how applications can be made through those methods.

Applications submitted to us will be answered within 30 (thirty) days from the date the request reaches our Company, in accordance with Article 13, Paragraph 2 of the Law, depending on the nature of the request. Our responses will be delivered to you in writing or electronically based on your selection in this request form, as per Article 13 of the Law.

You are required to provide the requested information and documents accurately and completely according to the nature of this form and your request. Failure to provide the necessary information and documents properly may result in difficulties in conducting a thorough and qualified investigation by ONCOLOG. In such cases, ONCOLOG’s legal rights are reserved. Therefore, the form should be completed and sent with the required information and documents according to the nature of your request.

IDENTIFICATION OF THE APPLICANT

To identify you as the applicant and to conduct necessary investigations within our Consulting Center according to the nature of your request, the following information is required:

Additionally, the contact information provided below is requested to obtain more detailed information about your application, to inform you about our review processes, and to communicate the results of your application.

Name and Surname:

ID Number:

Address:

Mobile Phone:

Email:

Your Relationship with Our Company:

Consultant	Business Partner
Employee	Other

Unit/Person within the Consulting Center you are in contact with:.....
.....

Subject:.....

Date your personal data was collected:.....