

**DATA SUBJECT APPLICATION FORM FOR APPLICATIONS TO BE
MADE BY THE DATA SUBJECT TO THE DATA CONTROLLER**

In Law No 6698 on the Protection of Personal Data (hereinafter referred to as the "Law"), it is stated that the owners of personal data ("Data Subject"), who are defined as the Data Subjects in Article No 11 of the Law, may exercise the rights granted in relation to their personal data and must apply to the Data Controller in order to exercise these rights.¹

According to Paragraph No 1 of Article No 13 of the Law; You can submit your applications regarding these rights to the Data Controller **SWEDISH CARE SAĞLIK HİZMETLERİ ANONİM ŞİRKETİ** ("Data Controller" or "Company") in Turkish and in writing or by using your Registered Electronic Mail Address, Secure Electronic Signature, Mobile Signature or your E-Mail Address available in the records of the Company in accordance with Paragraph No 1 of Article No 13 of Law No 6698 and the "Communiqué on the Procedures and Principles of Application to the Data Controller" numbered 30356 and dated 10.03.2018. Our Company reserves the right to verify your identity before responding.

Your application must include the following:

- a) Your name, surname and signature if the application is in writing,
 - b) For citizens of the Republic of Turkey, your Turkish ID Number, and if you are a foreigner, your Nationality, Passport Number or, if any, your ID Number,
 - c) Your Contact Address,
 - d) If available, your E-Mail Address, Telephone and Fax Numbers for the purpose of notification,
 - e) The subject of your claim, if any, information and documents related to the subject of the claim
- You may submit your written applications by filling out this form and attaching the necessary documents to it and submitting it to our office at the address of **İSTANBUL, KAĞITHANE, MERKEZ MAHALLESİ FIRUZE SOKAK DAP VADİSİ S BLOK, NO: 5, D: 129.**
 - You may submit your applications via e-mail to E-Mail Address: privacy@swedish.care
 - If you want to submit your applications via KEP (Registered Electronic Mail), you can send your applications to our KEP Address: swedish@hs03.kep.tr

Please note that it is important for you to submit the application form completely and in a manner to include the requested information and documents according to the nature of your claim, in order for our Company to carry out the investigations to be carried out by our Company based on your claim in a thorough and qualified manner and to finalize your claims as soon as possible.

¹ If you have any questions regarding the filling of the Application Form, you can submit your questions through the channels announced on our Contact Page.

IDENTIFICATION OF THE APPLICANT AND CONTACT INFORMATION RELATED TO DATA SUBJECTS' APPLICATIONS

In order for us to be able to identify the "applicant" in connection with your application and to make the necessary investigations under the roof of our Company according to the nature of your claim, the following information needs to be provided.

However, your contact information specified below is requested in order to obtain further information about your application, to inform you about our review processes and to inform you about the results of your application.

Name and Surname :
Turkish ID Number :
Date of Birth :
E-Mail :
Address :
Mobile Phone No: :

In order to ensure the security of your personal data, following the receipt of your application by the Company, our Company may contact you to confirm that you are the Data Subject and may request some information and documents from you in this regard.

Please specify your relationship with our Company (e.g. Customer, Business Partner, Prospective Employee, Former Employee, Employee of a Third-Party Company, Shareholder, etc.)

<input type="checkbox"/> Customer	<input type="checkbox"/> Business Partner
<input type="checkbox"/> Visitor	<input type="checkbox"/> Other:
The Department/Person You Contacted Within Our Company: Subject:	

<input type="checkbox"/> Former Employee	<input type="checkbox"/> I Applied for a Job / I Shared a Resume
<i>The Years You Worked For Us:</i>	<i>Date:</i>
<input type="checkbox"/> Other:	<input type="checkbox"/> I am an Employee of a Third-Party Company
	<i>Please specify the company and position you work for:</i> -

Please explain your claim under the Law in a detailed manner:

.....

.....

.....

.....

.....

Please select the method by which you would like to be notified of our response to your application:

I want it to be delivered to my address.

I want it to be delivered to my E-Mail or KEP Address.

I want to pick it up in person.

(In case of delivery by proxy, there must be a notarized Power of Attorney or Authorization Certificate).

Claim No	The Subject of the Claim	Your Choice
1	I would like to know whether your Company processes my personal data or not.	<input type="checkbox"/>
2	If your Company is processing my personal data, I would like to be informed about these data processing operations. <i>Article No 11/1 (b) of the Law on the Protection of Personal Data</i>	<input type="checkbox"/>
3	If your Company is processing my personal data, I would like to be informed about the purpose of processing and whether they (my personal data) are used in line with the purpose of processing. <i>Article No 11/1 (c) of the Law on the Protection of Personal Data</i>	<input type="checkbox"/>
4	If my personal data are transferred to third parties within or outside the country, I would like to be informed about these third parties. <i>Article No 11/1 (ç) of the Law on the Protection of Personal Data</i>	<input type="checkbox"/>
5	I think that my personal data is incomplete or incorrectly processed and I request their correction. <i>Please write the personal data you want to be corrected in the "Your Choice" field. In addition, please send the documents showing the correct and complementary information as an attachment. (Photocopy of ID Card, Certificate of Residence, etc.) Article No 11/1 (d) of the Law on the Protection of Personal Data</i>	<input type="checkbox"/> Data to be Corrected;
6	Although my personal data are processed in accordance with the provisions of the Law and other relevant laws, I believe that the reasons for the processing of my personal data are no longer valid. And, within this framework: a) I would like my personal data to be deleted b) I would like my personal data to be anonymized. <i>Article No 11/1 (e) of the Law on the Protection of Personal Data</i>	a) <input type="checkbox"/> b) <input type="checkbox"/>
7	I want my personal data (Claim No 5), which I believe is incomplete and incorrectly processed, to be corrected before the third parties to whom my personal data is transferred. <i>Please write the personal data you want to be corrected in the "Your Choice" field. In addition, please send the documents showing the correct and complementary information as an attachment. (Photocopy of ID Card, Certificate of Residence, etc.) Article No 11/1 (f) of the Law on the Protection of Personal Data</i>	<input type="checkbox"/> Data to be Corrected;
8	Although my personal data are processed in accordance with the provisions of the Law and other relevant laws, I believe that the reasons for the processing of my personal data are no longer valid. (Claim No 6) And, within this framework, I would like the following to be done regarding my personal data before the third parties to whom my personal data are transferred: a) I would like my personal data to be deleted. b) I would like my personal data to be anonymized. <i>Article No 11/1 (f) of the Law on the Protection of Personal Data</i>	a) <input type="checkbox"/> b) <input type="checkbox"/>
9	I believe that my personal data processed by your Company is analysed exclusively through automated systems and that, as a result of this analysis, negative consequences arise against me. I object to this conclusion. <i>Please write the result of the analysis that you think is unfavourable to you in the "Your Choice" Section and please send the documents supporting your objection as an attachment. Article No 11/1 (g) of the Law on the Protection of Personal Data</i>	<input type="checkbox"/> Data Resulting from Analysis:
10	I suffered damage due to the unlawful processing of my personal data. I hereby claim compensation for this damage. <i>Please write the issue subject to the violation of the law in the "Your Choice" section and please send the supporting documents as an attachment (Court Decision, Board Decision, Documents evidencing the amount of Pecuniary Damage, etc.) Article No 11/1 (h) of the Law on the Protection of Personal Data</i>	<input type="checkbox"/> The Issue Subject to the Violation of the Law: -

In line with the above-mentioned claims of mine, I kindly request my application submitted to your Company to be assessed in accordance with Article No 13 of the Law and I also would like to be informed about the results of the assessment.

Name and Surname

:

Application Date

:

Signature

: