

**Pension Monitoring Center (Emeklilik Gözetim Merkezi A.Ş.)
DATA SUBJECT APPLICATION FORM**

1. General Information About Your Right To Apply

In accordance with article 11 of the Law No. 6698 on the Protection of Personal Data (“**Law No. 6698**”), you are entitled to apply to Emeklilik Gözetim Merkezi Anonim Şirketi (“**PMC**” or “**Center**”) as a data subject and make the following requests:

- (1) Find out whether your personal data has been processed,
- (2) Request information about your processed personal data,
- (3) Find out the purpose of processing your personal data and whether it has been used in conformity with that purpose,
- (4) Find out the domestic/foreign third parties to whom your personal data has been provided,
- (5) Request correction of your personal data if it has not been processed completely/accurately and request notification of the third parties who have been communicated with about the transactions,
- (6) In cases where personal data has been processed in accordance with the provisions of the Law No. 6698 and other applicable laws, if the circumstances of processing have changed, then request deletion or destruction of your personal data, and notification of the third parties who have been communicated with about the transactions performed,
- (7) Object to any outcome of an exclusively automated analysis of your processed data that has had a negative result for you,
- (8) Ask to be indemnified in the event of any losses incurred due to any illegal processing of your personal data.

In accordance with article 13 of the Law No. 6698, our Center will conclude your application as soon as possible and within thirty (30) days depending on the nature of the request.

2. Application Method

Pursuant to article 13 of the Law No. 6698 and article 5 of the Communique on the Procedures and Principles for Application to Data Controller, you may make a request about your rights, in writing or by registered electronic mail (KEP), secure electronic signature, mobile signature, or the “Contact Us” App on the PMC website.

Data Subjects should note the explanations provided below about the written application channels during the application.



EMEKLİLİK
GÖZETİM
MERKEZİ

APPLICATION METHOD	Application by Personal Delivery of a Wet Signature Application Form along with a Document to Verify Identification, Apply via Notary Public	Application by Registered Electronic Mail (KEP)	Application by Completing the Application Form via the App
APPLICATION ADDRESS	Sarıkanarya Sokak, No: 16, Yolbulan Plaza, B Blok, Kat: 1-2-3 Kozyatağı, 34742, Kadıköy, İstanbul	egm.kep@hs03.kep.tr	https://www.egm.org.tr/biz-e-ulasin/bize-yazin/
INFORMATION TO ENTER ON THE APPLICATION	Mark the envelope/notification with: "Request for Information under the Law on the Protection of Personal Data."	Enter the subject line in the email: "Request for Information under the Law on the Protection of Personal Data."	Select from the subject section: "Request for Information under the Law on the Protection of Personal Data."



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3. Your Identity and Contact Information

Please complete the following fields so that we can contact you and verify your identity.

Full Name	:		
Republic of Turkey	:		
Identification Number	:		
Passport Number or	:		
Identification Number for	:		
Other Nationals	:		
Residential Address/Work	:		
Address for Notification	:		
Purposes	:		
Mobile Number	:		
Telephone Number	:		
Fax Number	:		
Email Address	:		
Your Business with Our	:	Participant <input type="checkbox"/>	Job Candidate <input type="checkbox"/>
Center	:	Visitor <input type="checkbox"/>	Business partner <input type="checkbox"/>
	:	Employee <input type="checkbox"/>	Other <input type="checkbox"/>



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4. Subject of Request

Please clearly indicate below what your request is in relation to your personal data. Information and documents related to the subject matter should be attached to the application.

In line with the above-mentioned requests, I kindly request to have the application I have submitted to your Company evaluated and the outcome notified to me in accordance with article 13 of the Law No. 6698.

I hereby acknowledge and warrant that the information and documents I have provided to you are accurate and up-to-date, that your Company may request additional information in order to conclude my application, and I have been informed that I may be required to pay the fee set by the Board if a cost is involved.

I want the response to be sent to my mailing address provided in section 2.

I want the response to be sent to my email address provided in section 2.

I want the response to be sent to my fax number provided in section 2.

Applicant (Data Subject)

Full Name :

Date of Application :

Signature :