

**APPLICATION FORM FOR DATA OWNERS TO EXERCISE  
THEIR RIGHTS UNDER THE PERSONAL DATA PROTECTION LAW NO.6698  
6.11.2019 / Version No:1**

Please fill in the Application Form below clearly and fully and with wet signature in order to fulfil your request within the scope of the Personal Data Protection Law (Law) on behalf of ARKAS LOJİSTİK A.Ş. to Umurbey Mah. Liman Cad. No:38/1 Konak by mail, signed electronically **arkaslojistik@hs03.kep.tr** to Registered E-Mail address, using your e-mail address, if any, with which you have previously contacted us “**kvvkirtibat@shipeedylojistik.com.tr**” and one of the other methods in the Communiqué on Application Procedures and Principles to the Data Controller or to the Data Controller (Communiqué).

We will respond to your application as soon as possible and within 30 days at the latest. We will contact you to clarify your application if the information and documents you provide to us are incomplete or incomprehensible.

**1. Identity and Contact Information of Personal Data Owner**

Name surname:

TR ID No:

Phone:

Address:

E-mail:

Relationship with our company/organization :

**2. Information on the Selection of the Right to Use by the Personal Data Owner**

*(Please tick the box (s) next to the statement according to your request)*

<input type="checkbox"/>	I would like to know if your company/organization has processed personal data about me.
<input type="checkbox"/>	If your company/organization processes personal data about me, I request information about these data processing activities.
<input type="checkbox"/>	If your company/organization processes personal data about me, I would like to know the purpose of its processing and whether it is used for its intended purpose.
<input type="checkbox"/>	If my personal data is transferred to third parties, whether domestic or abroad, I would like to know this.
<input type="checkbox"/>	I believe that my personal data are incompletely or incorrectly processed and I want them to be
<input type="checkbox"/>	Despite the fact that my personal data have been processed in accordance with the law and other relevant legal provisions, I request that my personal data be erased.
<input type="checkbox"/>	I request that my personal data that I consider that they have been processed incorrectly and incompletely be corrected within the third parties to which they have been transferred.
<input type="checkbox"/>	I request that my personal data that I request to be erased be erased within the transferred third parties.
<input type="checkbox"/>	I believe that my personal data processed by your company/organization are analyzed exclusively through automated systems and that as a result of this analysis, a result arises against me. I object to that conclusion.
<input type="checkbox"/>	I request compensation for the damage due to the unlawful processing of my personal data by your company/organization.

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**3. Statement for the Request**

*(Please specify your request within the scope of the Personal Data Protection Law and your personal data subject to your request in detail.)*

**4. Annexes**

*(Please indicate if there is any document you would like to show as a basis for your application.)*

**5. Please Select the Method of Notifying You of Our Response to Your Application**

- ☐ I would like it to be sent to my address.
- ☐ I would like it to be sent to my e-mail address.
- ☐ I would like it to be sent to my REM address.

This application form is issued in order to respond to your relevant application correctly and within the legal period by identifying your relationship with our company/organization and, if any, fully identifying your personal data processed by our company/organization.

According to the Communiqué, the application must include name, surname, signature, TR ID number for the citizens of the Republic of Turkey, nationality, passport number or, if any, identification number, residential or business address for notification, e-mail address for notification, telephone and fax number and subject of request. Please make sure that all this information is complete before submitting your application form.

Our company/organization reserves the right to request additional documents and information (identity card or copy of driver's license, etc.) for identification and authorization in order to eliminate legal risks that may arise from unlawful and unfair data sharing and especially to ensure the security of your personal data.

Our company/organization accepts no liability for the claims arising from such false information or unauthorized application in case the information regarding your requests within the scope of the form is not accurate and up-to-date or an unauthorized application is made. All liability arising from unlawful, misleading or incorrect applications is under your responsibility.

**Personal Data Owner /Applicant on behalf of another<sup>i</sup>**

Name and surname :  
Application date :  
Signature :

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<sup>i</sup> If you are applying on behalf of someone else, please attach the documents showing that you are authorized to apply (*such as the document indicating that you are the parent/guardian of the personal data owner, power of attorney*). These documents are required to be issued or approved by the competent authorities in order to be considered valid.