

MERSİN FREE ZONE FOUNDER AND OPERATOR JSC.

APPLICATION FORM OF THE DATA SUBJECT

(IMPORTANT: Applications must be personal. No application can be made on behalf of your spouse, relative, child etc. The company may request further information from the applicant so as to (regarding) verify his/her identity. In case the information regarding your requests submitted by this form is not correct and up-to-date, or an unauthorized application is made, our Company does not accept any liability for nor responsibility of such wrong information or requests arising from such unauthorized application.)

2. INFORMATION OF THE APPLICANT

Please fill in the gaps and leave no blank part:

Full Name				
T.C. Id. No.				
Address				
Cell Phone Number				
E-Mail Address				
Şirket'le Olan İlişkiniz	<input type="radio"/> Visitor	<input type="radio"/> Client	<input type="radio"/> Employee	<input type="radio"/> Other: ...
	<input type="radio"/> Probable Employee	<input type="radio"/> Provider	<input type="radio"/> Employee of the Client/Provider	
Has your Relation with the Company ended?				

3. THE APPLICANT'S REQUESTS

Please specify your request in detail within the scope of the Law on the Protection of Personal Data:

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If available, please specify the documents form the basis of your application:

Annex-1:.....

Annex-2:.....

Annex-3:.....

4. STATEMENT OF THE APPLICANT

In line with the above-mentioned requests, I kindly request that my application to your Company be evaluated and communicated to me. I hereby declare and undertake that the documents and information I have provided to you in this application form are accurate and up-to-date and that they belong to me.

I am aware that; the personal data that I have provided by the application form will be processed by your Company, limited to the purposes of evaluating, answering the application, delivering my application to me; and that I have the rights specified in article 11 of the Law No. 6698 regarding my personal data.

I want the application to be answered in one of the ways I marked below

<input type="radio"/>	I request that the answer be sent to the address I specified in the Application Form.
<input type="radio"/>	I request that the answer be replied to my e-mail adress I specified in the Application Form. <i>(If you choose the e-mail method, we will be able to respond to you faster.)</i>
<input type="radio"/>	I want to receive it in person. <i>(In case it is going be picked up by a Proxy, he/she has to have a power of attorney that has been approved by a notary or an authorization that has been approved a notary. No information shall be shared with the spouse, father or any kind of relative of the applicant.)</i>

Full Name of the Applicant (Subject of Personal Data):

Application Date:

Signature: