

**FARPLAS OTOMOTİV ANONİM ŞİRKETİ
DATA SUBJECT ACCESS REQUEST FORM**

1. Method of Application

Within the scope of the Turkish Personal Data Protection Law no. 6698 (“Law”), you can send us your requests regarding the processing of your personal data, in order to use your rights stipulated by Art. 11 of the Law in accordance with Art. 13 of the Law and Art. 5 of the Communiqué on the Procedures and Principles of Lodging an Application to a Data Controller. You can contact us using one of the methods described below.

	METHOD OF APPLICATION	ADDRESS - CONTACT POINT	INFORMATION NECESSARY FOR APPLICATION
1. Written Application	Wet-ink signature application in person or through notary public services	TOSB Otomotiv (OSB) Mah. 3. Cad. No: 1. -1, Çayırova/Kocaeli TURKEY	Please indicate on the envelope: “Data Subject Access Request under the Law No. 6698”
2. Through Registered Electronic Mail (“KEP”)	Application sent using a registered electronic mail address	farplas@hs02.kep.tr	Please indicate in the e-mail subject line: “Data Subject Access Request under the Law No. 6698”
3. Using an E-mail Address <u>Already on Our Records</u>	Application sent using your e-mail address, provided that it already exists on our records (through a subscription or other correspondence, etc.)	kvkk@farplas.com	Please indicate in the e-mail subject line: “Data Subject Access Request under the Law No. 6698”
4. Using an E-mail Address <u>Not on Our Records</u>	Application bearing your mobile/electronic signature, sent using your e-mail address	kvkk@farplas.com	Please indicate in the e-mail subject line: “Data Subject Access Request under the Law No. 6698”

2. Identity and Contact Information

Please fill in the areas below so that we can get in touch with you regarding your application and verify your identity as a data subject.

Name- Surname	:	
Turkish Identity No / Passport No or Foreigner Identity No for Non-Turkish Nationals	:	
Address for Notification / Work Address	:	
Mobile Phone No	:	
Phone No	:	
Fax No	:	
E-mail Address	:	

3. Your Relation to Our Company

Your Relation to Our Company	:	Job Candidate:	<input type="checkbox"/>	Shareholder:	<input type="checkbox"/>
		Employee:	<input type="checkbox"/>	Prospective Buyer of Goods or Services:	<input type="checkbox"/>
		Former Employee:	<input type="checkbox"/>	Buyer of Goods or Services:	<input type="checkbox"/>
		Intern:	<input type="checkbox"/>	Test Candidate:	<input type="checkbox"/>
		Vendor/Sub- contractor Employee	<input type="checkbox"/>	Parent/Custodian/Representative:	<input type="checkbox"/>

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	Vendor/Sub-contractor Executive:	<input type="checkbox"/>	Visitor:	<input type="checkbox"/>
	News Subject:	<input type="checkbox"/>	Test Subject:	<input type="checkbox"/>
	Other:			

4. Subject of Request

Please clearly indicate your request below and attach to your application all information and documents relevant to your request.

5. Response Method

- I'd like to receive the response at the mailing address I provided in Section 2.
- I'd like to receive the response at the e-mail address I provided in Section 2.
- I'd like to receive the response at the fax number I provided in Section 2.

In line with my requests as I indicated above, I would like for my application to be evaluated and to receive information in accordance with Art. 13 of the Law.

I hereby declare and acknowledge that the information and documents I have provided to you for this application are accurate and up to date, and that your Company may request additional information to finalize my application and that I may be required to pay the fee set by the Personal Data Protection Board, should the procedure require an additional cost.

6. Applicant Data Subject

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Name - Surname	
Application Date	
Signature	