MOST AMAZING PLACES TANITIM VE TİCARET A.Ş.

PERSONAL DATA SUBJECT APPLICATION FORM

1. Application Method

Pursuant to Article 13 of the KVKK and Article 5 of the "Communiqué on the Procedures and Principles of Application to the Data Controller", you can submit your requests within the scope of your rights listed in Article 11 of the Personal Data Protection Law No. 6698 ("KVKK") to our Company in one of the following ways.

	APPLICATION METHOD	FORM OF APPLICATION	TO WHOM THE APPLICATION WILL BE FORWARDED ADDRESS	APPLICATION SUBJECT INFORMATION		
1.	Application in Writing	In person with wet signature (with proof of identity) or Notar y through	Gümüşsuyu Mah. İnönü Cad. Melek Apt. No: 11/2 Beyoglu/ISTANBUL	The envelope/notification should be marked "Personal Data Protection Inform ation Request within the Scope of the Law" will be written.		
2.	Application via Registered Electronic Mail (KEP)	Registered electronic mail (KEP) address	royalyatcilik@hs01.kep.tr registered e-mail (KEP) address	"Personal Data Protection Law Information Request" will be written in the subject section of the e- mail.		
3.	Application with the Electronic Mail Address Found in Our System	In our company's system registered in electronic mail your address by using	info@most-amazing-places.com e-mail address	"Personal Data Protection Law Information Request" will be written in the subject section of the e- mail.		
4.	Application with an Electronic Mail Address that is not in our system	Mobile will include signature/e-signature Using your e-mail address that is not in our Company's system through	info@most-amazing-places.com e-mail address	"Personal Data Protection Law Information Request" will be written in the subject section of the e-mail.		

2. INFORMATION ABOUT THE APPLICANT

In accordance with the Communiqué on Application Procedures and Principles issued within the scope of KVKK, you must complete the information and documents requested below completely and accurately.

Name-Surname	:	

T.R. Identity Number (Passport number or ID number, if any, for foreigners)		
Place of Residence or Workplace for Notification Address	:	
Electronic Mail Address	:	
Telephone Number (Fixed/GSM)		
Fax Number	:	

3. Your Relationship with our Company

Please select the most appropriate option indicating your relationship with our company.								
Customer		Business Partner / Supplier			Potential Customer			
Visitor		Employee			Employee Candidate			
Other						·		
Do you continue your re	elations	hip with our co	mpany?					
Yes			No.					
If your relationship with ended	our Co	mpany has						
date range in which it co	ontinue	S						
Contact within the scop								
with the Company	,							
the person, unit/depart	ment yo	ou are in						
contact with								
Date of contact with the		•						
(day/month/year or a t	ıme per	100)						
The communication cha	annel yo	ou use (e-mail,	1					
customer service, visit t	•	•						
headquarters, etc.)								
4. Request Subject You should clearly write your request regarding your personal data in the form below and provide an explanation and You should attach the relevant information and documents to the application together with your suggestions.								
Request Subject		Exp	lanation	s, Sugge	stions, Information and [Documents		
1.								
2.								

5. FINALIZATION OF THE APPLICATION

In accordance with the relevant legislation, our Company will respond to you within thirty (30) days at the latest depending on the nature of your request. If you request written notification of the

application result in accordance with the relevant legislation, no fee will be charged for notifications of less than 10 pages. For notifications of more than 10 pages, 1 Turkish Lira will be charged per page. If you request the application result to be given in a recording medium such as CD, Flash Memory, etc., you may be charged a fee, provided that it does not exceed the cost of the recording medium used. In the event that the information and requests you submit within the scope of this form are not up-to-date and accurate or in the event of an unauthorized application, you will be held liable.

Enter the information. Application Result Notification Electio Required Information Method I want it sent to my address. Address: Email to my address My e-mail I want it sent to my fax address: My fax number. number: (The response may be faster with this method) Notarized in case it is received by proxy I want to pick it up in person. power of attorney or authorization document is required. I hereby declare and undertake that the information and documents I have provided to you in this application are correct and up-to-date, that your Company may request additional information in order to finalize my application and that I have been informed that I may be required to pay the fee determined by the Personal Data Protection Board if it requires an additional cost. I kindly request that the application I have made to your company be evaluated and finalized in accordance with my requests in accordance with Article 13 of the KVKK. **Applicant Data Subject (Relevant** Person)¹ Name and Surname :

Please select the method by which you will be notified of our response to your application and fill in the

required

History Signature

¹ If you are applying on behalf of someone else, please send documents showing that you are authorized to make an application (such as a power of attorney, a document showing that the personal data subject is a parent / guardian) as an attachment to the application. In order for these documents to be considered valid, they must be issued or approved by the competent authorities.