

# Application Form



First Name	<input type="text"/>	Last Name	<input type="text"/>
Nationality	<input type="text"/>	ID Number	<input type="text"/>
<small>or Passport No. / Foreign Identity No</small>			
Address	<input type="text"/>		
City/State	<input type="text"/>	Zipcode	<input type="text"/>
Phone	<input type="text"/>	Email addr	<input type="text"/>

## YOUR RELATIONSHIP WITH THE COMPANY

<input type="checkbox"/> Company employee / Former employee years worked	<input type="text"/>
<input type="checkbox"/> Employee candidate (I shared CV) Application date	<input type="text"/>
<input type="checkbox"/> Intern / Trainee Candidate Description	<input type="text"/>
<input type="checkbox"/> Supplier Official/Employee Description	<input type="text"/>
<input type="checkbox"/> Visitor Description	<input type="text"/>
<input type="checkbox"/> Subcontractor Employee Description	<input type="text"/>
<input type="checkbox"/> Shareholder/ Joint Disclosure	<input type="text"/>
<input type="checkbox"/> Members of the Board of Directors Explanation	<input type="text"/>
<input type="checkbox"/> Customer (Description)	<input type="text"/>

Online Visitor (Description)

Other (Explanation)

## APPLICATION CONTENT

The Data Controller whom the application is being made to:

**Merkez Mah. Hasat Sk. Kamara Blok No: 52 İç Kapı No: 1 Şişli / İstanbul**  
**info@hyssa.com**

## Subject of Request to be submitted within the Scope of Application

- I want to know if my personal data is being processed.
- If my personal data has been processed, I request information about it.
- I would like to learn the purpose of processing my personal data and whether they are used in accordance with the purpose.
- If my personal data is transferred to third parties in the country or abroad, I would like to learn about the third parties to whom it was transferred in the country or abroad.
- I want my personal data to be deleted or destroyed or anonymized within the framework of the conditions stipulated by the Law.
- I think that my personal data is incomplete or incorrectly processed and I want them corrected.

(Please provide detailed information about your personal data that you want to be corrected in the explanation section.)

7.  If changes are made to my personal data upon my request, I want the third parties to whom my personal data has been transferred to be notified.

8.  I object to the emergence of a result against me by analyzing my personal data exclusively through automated systems.

(Please provide detailed information about your personal data that you want to be corrected in the explanation section.)

9.  I request compensation for the damage I have suffered due to the unlawful processing of my personal data.

(Please provide detailed information in the explanation section about which data processing activity, when and how your damage occurred.)

## DESCRIPTIONS

If the requests numbered 6-8-9 are selected, the scope of the application must be specific, clear and understandable in order to respond fully to your application.

## ANNEXES

If you share information and documents in the attachment, please specify.

### How would you like to receive response to your application?

- I want the result of the application to be sent to my place of residence/workplace address for notification by mail.
- I want it to be sent to the e-mail address I specified in the application form.
- I would like to receive it personally or through my agent\*.

\*In case of receipt by proxy, a notarized power of attorney or authorization document is required.

This application form has been arranged so that your requests can be answered accurately, completely and within the time specified in the Law. As the data controller, we reserve the right to request additional documents and information (copy of identity card or driver's license, etc.) for identification and authorization in order to prevent unauthorized access to personal data by applying and to ensure the security of your personal data. If the information regarding your requests submitted within the scope of the form is not correct and up-to-date, with false/misleading information, or if an unauthorized application is made, your application will be rejected and legal action will be taken against the person who made the irregular process.

**Date**

**Applicant Name and Surname**

**Signature**

Attach information about your relationship with the applicant and/or a power of attorney, a copy of the birth certificate or the relevant document showing your authority, and send it to your application.