

## INFORMATION REQUEST FORM

### PURSUANT TO THE LAW No. 6698 ON THE PROTECTION OF PERSONAL DATA

#### 1.GENERAL DESCRIPTION

You can send your requests regarding your rights arising from Article 11 of the Law No. 6698 on the Protection of Personal Data to DIŞ PATENT MARKA TESCİL VE DANIŞMANLIK HİZMETLERİ LTD. ŞTİ. via this form. Your requests in question DIŞ PATENT MARKA TESCİL VE DANIŞMANLIK HİZMETLERİ LTD. ŞTİ. will be answered as soon as possible and within thirty days at the latest. The answer to your information request will be sent to you in writing or electronically using the communication channels you have chosen below.

The information must be completely filled in during the application. Otherwise, your information requests will not be covered by DIŞ PATENT MARKA TESCİL VE DANIŞMANLIK HİZMETLERİ LTD. ŞTİ. In case of any incorrect or incomplete information, DIŞ PATENT MARKA TESCİL VE DANIŞMANLIK HİZMETLERİ LTD. ŞTİ. does not accept any responsibility for not responding to the request.

**Data Controller** : Dış Patent Marka Tescil Ve Danışmanlık Hizmetleri Ltd. Şti.

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**E-mail** : kvkk@dispatent.com.tr

**2. INFORMATION REGARDING THE PERSON REQUESTING THE INFORMATION**

Name Surname	
R.T. ID Number	
Nationality	
Passport Number If You Are A Nation or ID Number If Available	
Principal Settlement or Business Address for Notification	
Mobile Phone Number	
Land Phone Number	
Fax Number	
E-Mail Address	
Your Relationship with Our Company	
Has Your Relationship with Our Company Ended?	
How Long Have You Worked with Our Company?	
Your Purpose of Requesting Information	



#### 4.STATEMENT OF THE RELATED PERSON

In line with my requests explained above, I request that my application be evaluated and answered. I accept, declare and undertake that the information I have given during my application is true and up-to-date and belongs to me. I consent to the processing of my personal data and/or sensitive personal data that I have shared for the information I requested by DIŞ PATENT MARKA TESCİL VE DANIŞMANLIK HİZMETLERİ LTD. ŞTİ. in connection with its purpose.

- ☐ I would like to receive the answer to my application in person. *(There is no sharing of information about the application with anyone other than the person making the application.)*
- ☐ I would like the response of my application to be sent to my e-mail address specified in the Application Form.
- ☐ I would like the response of my application to be sent to the address specified in the Application Form. *(Please mark the option you chose.)*

**Name and Surname of the Related**

**Person Making the Application:**

**Application Date:**

**Signature:**