## APPLICATION FORM IN ACCORDANCE WITH THE PERSONAL DATA PROTECTION LAW

	Application Date: / /
☐ In case of "Request t	or Personal Data" belonging to him/herself 🛮 In case of "Request fo
Personal Data" belongi	g to someone else (his/her parents or guardian if he/she is under 1
years of age, his/her gu	ardian if he/she is under guardianship, persons to whom the relevar
person has given expres	s power of attorney in this direction) A. Identity and contact informatio
of the person making the	application:
Name	Surname:
Signature:	Date of Birth://
Turkish Republic Iden	ity Number or Passport Number:
Telephone Number:	E-mail Address:
Address:	
B. Personal Data Owner	on whose behalf the request is made: Name
Surname: Date of Birth:.	
Passport Number:	Telephone
Number:	E-mail Address:
	Address:

C. Please indicate your relationship with Echomar (e.g., patient, former employee, third party, employee of a company providing services to Echomar).
Health Units Providing Service:
Those who work at Echomar will fill it out. $\square$ I am a current employee $\square$ I am a former employee Years of employment:
D. Please specify your request within the scope of the Personal Data Protection Law in detail:

E. Please select the method by which you will be notified of our response to your application:  $\square$  I want it to be sent to my address.  $\square$  I want it to be sent to my e-mail address.  $\square$  I want to receive it in person.

(In case of request by proxy, it shows the power of attorney or the authority of the authorized decision to the authorized decisi

F. Description By filling out this form,

☐ Send a signed copy in person to the address 19 Mayıs Cad. Nova Baran Plaza No:4 K:5 Şişli-İstanbul

Our responses will be delivered to the applicant in writing or electronically, in accordance with Article 13 of the Personal Data Protection Law. We will respond to your request in writing or electronically, depending on your preference. If you request a written response, you may be charged a fee for more than 10 pages, and if you receive an electronic response, you may be charged the cost of the recording medium used to record the response.

To be filled by Echomar.
History: / /
Name and Surname of the Receiver:
Signature: