

## PERSONAL DATA SUBJECT APPLICATION FORM

### GENERAL EXPLANATIONS

This Personal Data Subject Application Form (“**Application Form**”) has been prepared for data subjects (“**Applicant**”) to use when exercising their rights under Article 11 of the Personal Data Protection Law No. 6698 (“**PDPL**”) with respect to Grup Florence Nightingale Hastaneleri A.Ş., Göktürk Florence Nightingale Tıp Merkezi A.Ş., Florence Nightingale Tıp Merkezi A.Ş., İstanbul Florence Nightingale Hastanesi A.Ş., Fulya Sağlık Tesisleri ve Tic. A.Ş (hereinafter collectively referred to as “**Florence Nightingale**”).

Under Article 11 of the PDPL, we would like to inform you that as a personal data subject, you have the following rights:

- a) To learn whether your personal data has been processed or not,
- b) To request information if your personal data has been processed,
- c) To learn the purpose of processing your personal data and whether it is used in accordance with the purpose,
- ç) To know the third parties to whom your personal data is transferred, domestically or abroad,
- d) To request the correction of personal data in case of incomplete or incorrect processing,
- e) To request the deletion or destruction of personal data within the conditions stipulated in Article 7 of the Law No. 6698,
- f) To request notification to third parties to whom the personal data has been transferred regarding the processes carried out under subparagraph (d) and (e),
- g) To object to the occurrence of any unfavorable consequences resulting from the analysis of personal data exclusively by automated systems,
- ğ) To claim compensation for damages in case of unlawful processing of personal data.

If you wish to make a request to Florence Nightingale under Article 11 of the Law, please complete the following information and submit your request.

Applications submitted to Florence Nightingale "in writing" can be sent as follows by printing this form and in the following methods:

- In-person application,
- Via notary,
- By signing the application form with a "secure electronic signature" defined in the Electronic Signature Law No. 5070 and sending it to the registered electronic mail address of the Company.

The submission methods for the applications are detailed below:

Method of Application	AddressAddress	Details to Include
In-person application (The applicant must visit with identity verification documents)	İzzetpaşa Mah. Abide-i Hürriyet Cad. No: 166 Şişli/İstanbul	“Request for information under the Personal Data Protection Law” will be written on the envelope.

Notification via notary	İzzetpaşa Mah. Abide-i Hürriyet Cad. No: 166 Şişli/İstanbul	“Request for information under the Personal Data Protection Law” will be written on the envelope.
Via Registered Electronic Mail with "secure electronic signature"	istanbulflorence@hs01.kep.tr	“Request for information under the Personal Data Protection Law” will be written in the subject line of the email.
By email	kvkk@florence.com.tr	“Request for information under the Personal Data Protection Law” will be written in the subject line of the email.

Your applications submitted to us will be answered within thirty days from the date of receipt of your request, depending on the nature of the request, in accordance with paragraph 2 of Article 13 of the PDPL. Responses will be delivered to you in writing or electronically per the Article 13 of the PDPL.

APPLICANT INFORMATION	
Name Surname	:
T.R. ID No	:
Telephone Number	:
E-mail	:
Relation To The Company	:
<input type="checkbox"/> Employee	
<input type="checkbox"/> Patient	
<input type="checkbox"/> Patient Relative	
<input type="checkbox"/> Customer	
<input type="checkbox"/> Supplier	
<input type="checkbox"/> Business Partner	
<input type="checkbox"/> Visitor	
<input type="checkbox"/> Employee Candidate	
<input type="checkbox"/> Former Employee	
<input type="checkbox"/> Other (.....)	

DETAILS OF REQUEST <i>(Please explain your request in detail)</i>

Please select the method of notification of our response to your application:

Send to my address.

Send to my email address.

*(Choosing email will allow us to respond faster.)*

Send to my Registered Electronic Mail address.

I would like to collect it in person.

*(In case of delivery by proxy, a notarized power of attorney or authorization document is required.)*

This Application Form is designed to determine your relationship with Florence Nightingale, to fully identify the personal data processed by Florence Nightingale, and to respond to your request accurately and within the legal time-frame.

Florence Nightingale reserves the right to request additional documents and information (such as a copy of an identity card or driver's license) for identity and authorization verification to eliminate legal risks from unlawful and unjust data sharing and especially to ensure the security of your personal data.

In the event that the information provided in your requests through the form is inaccurate, outdated, or if an unauthorized application is submitted, Florence Nightingale disclaims any liability for claims resulting from such inaccurate, outdated information, or unauthorized submissions. Florence Nightingale reserves the right to charge a reasonable fee, as stipulated by applicable regulations, in the event that excessive effort is required to investigate or respond to a request.

**Applicant (Personal Data Subject)**

**Name Surname** :

**Application Date** :

**Signature** :