

<b>marm</b> medical assistance roadside management	<b>PERSONAL DATA SUBJECT APPLICATION FORM</b>	<b>Document No:</b>	KVKK-F-05
		<b>Release Date:</b>	20.05.2019
		<b>Rev. No:</b>	1
		<b>Rev. Date:</b>	20/05/2020

**PERSONAL DATA SUBJECT APPLICATION FORM**  
*PERSONAL DATA OWNER APPLICATION FORM*

You may submit your requests within the scope of your rights listed in Article 11 of the Law No 6698 on Protection of Personal Data ("the Law") in accordance with your rights specified in Article 13 of the Law and Article 5 of the Communiqué on Procedures and Principles for Application to the Data Controller and in the European Union General Data Protection Regulation ("GDPR") using this application form and any of the following methods.

*Your requests about your rights stated on the 11th Article of Law on Protection of Personal Data No 6698 ("Law") and in accordance with 5th article of Communiqué Principles and Procedures for Application to Data Controller, you can submit your application to MARM ASSISTANCE with this form and one of the methods explained below.*

**YOUR IDENTITY AND CONTACT INFORMATION**  
*YOUR IDENTITY AND CONTACT INFORMATION*

Adı Soyadı / <i>Name Surname</i>	
Kimlik / Pasaport Numarası / <i>TR Identity No / Passport No</i>	
Tebliğata Esas Adresi / <i>Notification Address (Optional)</i>	
Cep Telefonu / <i>GSM</i>	
E-posta Adresi / <i>E-mail Address</i>	

**APPLICATION CONTENT**

**REPLYING METHOD**

- I want to be replied by mail.  
 I want to be replied by e-mail.  
 I want to receive by hand.

Adı Soyadı / *Name Surname:*  
Başvuru Tarihi / *Application Date:*  
İmza / *Signature*

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