

**PERSONAL APPLICATION FORM UNDER THE LAW ON PROTECTION OF PERSONAL DATA
NUMBERED 6698**

The following rights have been granted to the personal data owners defined as "relevant person" in the **Law on Protection of Personal Data No. 6698** (hereinafter referred to as "**KVKK**") (hereinafter referred to as "**Applicant**") within the scope of Article 11 of the KVKK:

- Learning whether your personal data is processed,
- Requesting information as to processing if your personal data have been processed,
- Learning the purpose of the processing of your personal data and whether data are used under their purpose,
- Knowing the third parties in the country or abroad to whom your personal data have been transferred,
- Request the rectification of the data in the event they are processed incompletely or inaccurately,
Request notification of your Personal Data to third parties,
- Although it has been processed following the KVKK and other relevant provisions of the law, it is necessary to request the deletion or destruction of your personal data in case the reasons that need to be processed and to request that the transactions made within this scope be notified to the third parties where your personal data is transferred,
- To object to a consequence arising to the detriment of the person by analyzing the processed data exclusively by automatic means
- To claim damages if you incur losses due to unlawful processing of your personal data.

Under paragraph 1 of Article 13 of the KVKK and the Communiqué on the Procedures and Principles of Application to the Data Controller, the applications to be made to our Company regarding these rights must be submitted in writing or by sending an e-mail to info@uralmedical.com using the e-mail address previously notified by you to our Company and registered in our Company's system or by other methods to be determined in the future by the Personal Data Protection Board ("Board").

In this regard, the written applications can be submitted to our Company by taking a printout of this form and using the following ways;

- Upon the application of the Applicant to our Company in person,
- Through Notary public or by registered letter,
- In the event that the Applicant has an e-mail address registered in our Company's systems, this
by sending an e-mail to info@uralmedical.com address of our Company,

The applications can be delivered in these ways.

In the following, information is given about how the written applications will be delivered to us, i.e., how to submit written applications.

Application method	Address to apply	Information to be specified in submitting the application
Personal Application (Applicant comes in person and makes the application with a document proving the identity)	Yavuz Selim Mah. Çavuşbaşı Cumhuriyet Caddesi No:72 Beykoz 34830 Beykoz/İstanbul Turkey	" <u>Information Request within the Scope of the Law on the Protection of Personal Data</u> " will be written on the envelope.
Notification through a notary public	Yavuz Selim Mah. Çavuşbaşı Cumhuriyet Caddesi No:72 Beykoz 34830 Beykoz/İstanbul Turkey	" <u>Information Request Under the Law on Protection of Personal Data</u> " will be written in the notification envelope.
Sending e-mail from your registered e-mail address to our Company	info@uralmedical.com	" <u>Information Request Under the Law on Protection of Personal Data</u> " will be written in the subject part of the e-mail message.

Below is information regarding how written applications will be delivered to us, specific to the written application channels.

Your applications submitted to us will be answered within thirty days of receipt of your request, under the second paragraph of Article 13 of the KVKK, depending on the nature of the request. Our answers will be delivered to you in writing or electronically following the provisions of Article 13 of the KVKK.

A. Applicant's Contact Information

Name-Surname	
T.R. Identity Number	
Phone Number	
E-mail	
Address	

B. Please indicate your relationship with our Company.

<input type="checkbox"/> Employee Candidate <input type="checkbox"/> Current Employee <input type="checkbox"/> Former employee	<input type="checkbox"/> Partner (Supplier, etc.) <input type="checkbox"/> Customer <input type="checkbox"/> Other:
Department / Unit you communicate with:.....	
Communication Subject:.....	
<input type="checkbox"/> Former Employee Please indicate the years you worked in our Company:	<input type="checkbox"/> I am an Employee Candidate (I have applied for a job) Please indicate the date of application to our Company:
<input type="checkbox"/> I am a customer Please indicate the relevant transaction date:	<input type="checkbox"/> Third-Party Employee Please indicate your company and position information. Indicate
<input type="checkbox"/> Other:	

