

WEB APPLICATION FORM FOR OBTAINING AND REQUESTING PERSONAL DATA

1. YOUR RIGHTS AS THE DATA SUBJECT WITHIN THE SCOPE OF KVKK No. 6698

Within the scope of Article 11 of the KVKK No. 6698, everyone has the right to apply to Private Anatolia Hospital in the following matters in the capacity of data controller:

- 1.1. To learn whether personal data is processed or not,
- 1.2. To request information if personal data has been processed,
- 1.3. To learn the purpose of processing personal data and whether they are used in accordance with their purpose,
- 1.4. To know the third parties to whom personal data are transferred domestically or abroad,
- 1.5. To request correction of personal data in case of incomplete or incorrect processing,
- 1.6. To request the deletion or destruction of personal data ex officio or upon the request of the person concerned in the event that the reasons requiring its processing disappear in accordance with Article 7 of the KVKK No. 6698, although it has been processed in accordance with the provisions of this Law and other relevant laws,
- 1.7. To request notification of the transactions made in accordance with the subparagraphs under Articles 5 and 6 to third parties to whom personal data are transferred,
- 1.8. To object to the occurrence of a result to the detriment of the person himself/herself by analysing the processed data exclusively through automated systems,
- 1.9. To demand compensation for the damage In case of damage due to unlawful processing of personal data.

2. YOUR RIGHTS AS THE DATA SUBJECT WITHIN THE SCOPE OF KVKK No.6698

In accordance with paragraph 1 of Article 13 of the KVKK and within the scope of the Communiqué on the Procedures and Principles of Application to the Data Controller published in the Official Gazette dated 10.3.2018 and numbered 30356; applications to be made to our Company, which is the data controller, regarding these rights must be submitted to us in writing or by other methods determined by the Personal Data Protection Board ("Board"). The data subject "Relevant Person" will be able to notify Private Anatolia Hospital of his/her rights and requests stated in subparagraph D and use all other rights he/she has in accordance with Article 11 of the Law No. 6698 on the Protection of Personal Data,

- By applying in person,
- By post with signature declaration attached,
- Through a notary,
- The applicant can apply by signing with a secure electronic signature of the applicant and sending it to the e-mail address specified below, proving his identity.

The application will be finalised free of charge as soon as possible and within thirty days at the latest, depending on the nature of the request. However, if the application requires an additional cost, the fee in the tariff determined by the Board may be charged.

IMPORTANT NOTE: Applications must be made by the person himself/herself. Application on behalf of another person can only be made by submitting a power of attorney provided that it has the content of requesting information within the scope of KVKK. If Private Anatolia Hospital suspects the identity of the applicant, it may request verification information from the relevant person.

CONTACT INFORMATION

Kemer Medical Center Özel Sağ.Hiz.Tur.Tic. ve A.Ş. (Özel Anatolia Hospital)

Contact Link and e-mail: www.anatoliahospital.com / kisiselveri@anatoliahospital.com

Address: Kızıltoprak Mah. Ali Çetinkaya Cad. No:163 – 07300 – Muratpaşa Antalya TÜRKİYE

Name - Surname :

T.C. Identity No:

Passport Number for foreigners:

Notification Address:

Registered E-Mail Address :

Application Date :

Your Relationship with Private Anatolia Hospital (Patient, business partner, customer, former employee, employee candidate, third party company employee, shareholder, etc.)

Subject of the Request

(Information and documents related to the subject must be attached to the application. Please provide detailed information)

I declare and undertake that the documents and information I have provided to you in this application are correct and up-to-date and belong to me. I authorise the information and documents I have provided in the application form to be processed by Private Anatolia Hospital limited to the purposes of evaluating and responding to the application I have made, delivering my application to me, determining my identity and address.

Signature

Date: