

TRANSVARO ELEKTRON ALETLERİ SANAYİ VE TİCARET ANONİM ŞİRKETİ
DATA SUBJECT ACCESS REQUEST FORM

1. Application Method

Under Law No. 6698 on the Protection of Personal Data (“Law”), individuals whose personal data is processed (“Data Subjects”) are granted certain rights regarding their personal data under Article 11 of the Law, and it is stipulated that they must apply to the Data Controller to exercise these rights.

Pursuant to the first paragraph of Article 13 of the Law, applications regarding these rights must be submitted to the data controller, **TRANSVARO ELEKTRON ALETLERİ SANAYİ VE TİCARET ANONİM ŞİRKETİ** (“TRANSVARO” or the “Company”), through the following methods.

Application Method	Form Of Application	Address for Submission	Information to Be Stated in the Request
Written Application	In person request with wet-ink signature, via notary or courier/mail	Halkalı Merkez Mahallesi Çalışkan Sokak No:4 Küçükçekmece/İstanbul	"Information Request Within the Scope of the Personal Data Protection Law" should be indicated on the envelope / notification.
Request via Registered Electronic Mail (KEP)	via registered electronic mail (KEP) address	transvaro@hs02.kep.tr	"Request under the Personal Data Protection Law" should be indicated on the subject of the e-mail.
Application via the Email Address Specified in the Privacy Notice	via e-mail address registered in the system of our Company	kvkk@uyarholding.com	"Request under the Personal Data Protection Law" should be indicated on the subject of the e-mail.
Request via E-mail Address which is not registered in the System of Our Company	via e-mail address which is not registered in the system of our Company, including mobile signature / e-signature.	kvkk@uyarholding.com	"Request under the Personal Data Protection Law" should be indicated on the subject of the e-mail.

2. Your identity and contact information

Please fill in the fields below in order for us to contact you and verify your identity.

Full Name	
TR ID No	
Date of Birth	
Registered Residence Address for Notification	
Mobile Phone Number	
Phone Number (if different)	
E-mail Address	

3. Your Relationship with our Company

Please indicate your relationship with our organization. (e.g., customer, business partner, job applicant, former employee, third-party company employee, shareholder)

<input type="checkbox"/> Customer	<input type="checkbox"/> Business Partner
<input type="checkbox"/> Visitor	<input type="checkbox"/> Other:
Department/Person You Contacted Within Our Organization:	
Subject:	

<input type="checkbox"/> Former Employee Years Worked:	<input type="checkbox"/> Employee Candidate Date of Application:
<input type="checkbox"/> Other:	<input type="checkbox"/> Third-Party Company Employee Please indicate the company you work for and your position

4. Request Details

<p>We kindly request you to clearly explain your demand regarding your personal data below. Information and documents related to the subject should be attached to the request.</p>

Please select the method by which you would like to receive our response to your application:

☐ I would like it to be sent to my address.

☐ I would like it to be sent to my email or registered electronic mail (KEP) address. (Selecting the email option will allow us to respond more quickly.)

☐ I would like to receive it in person. (If receiving through a proxy, a notarized power of attorney or authorization document is required.)

I kindly request that my application be evaluated in accordance with Article 13 of the Law, and that I be informed of the outcome

I hereby declare that the information and documents I have provided are accurate and up-to-date. I acknowledge that the Company may request additional information. I hereby declare and undertake that the information and documents I have provided to you in this application are accurate and up-to-date, that your company may request additional information and documents in order to finalize my application and that I have been informed that I may be required to pay the fee determined by the Personal Data Protection Board if additional cost is required.

Data Subject who Made the Request (Data Subject)

Full Name:

Date of Request:

Signature: