

## DATA SUBJECT APPLICATION FORM

In Article 11 of the Law No. 6698 on the Protection of Personal Data; data subjects defined as the relevant person in the said law or their legal representatives ("Applicant" or "Data Subject") are entitled to do the following: to learn whether or not their personal data are processed, to request information on the procedure if their personal data are processed, to request the rectification of incomplete or inaccurate data, if any, to request the erasure or destruction of their personal data if they are processed unlawfully and to request notification of these operations carried out accordingly to third parties to whom their personal data have been transferred, and to request compensation for their damages arising from any unlawful processing of their personal data.

Pursuant to the first paragraph of Article 13 of the said Law on the Protection of Personal Data; you are required to submit your requests with respect to processing of your personal data to TATMETAL Çelik Sanayi ve Ticaret A.Ş. which is the data controller. In accordance with Article 6 of the Communiqué on the Procedures and Principles for Application to Data Controller, your requests shall be concluded free of charge as soon as possible depending on the nature of the request and within thirty days at the latest following our receipt of your request. However, if the transaction requires additional costs, fees may be charged in accordance with Article 7 of the said Communiqué.

Please fill out this application form clearly and fully and submit it to TATMETAL Çelik Sanayi ve Ticaret A.Ş. by using one of the following application methods, in order that your request to be made within the scope of the Personal Data Protection Law can be fulfilled.

### APPLICATION METHOD

**Application by Mail or in person:** You can apply in person or by mail to TATMETAL Çelik Sanayi ve Ticaret A.Ş., Organize Sanayi Bölgesi (Organized Industrial Zone) Hamzafakıhlı Mahallesi Yaşar Tetiker Bulvarı 67300 Kdz. Ereğli/Zonguldak with the application form completed and signed by the Applicant and the documents showing your identity.

**Application via Registered Electronic Mail (KEP):** You can apply by sending the application form filled out and signed by the Applicant with a secure electronic signature or mobile signature as defined in the Electronic Signature Law No. 5070, to TATMETAL Çelik Sanayi ve Ticaret A.Ş.'s [kvkk@tatmetal.com.tr](mailto:kvkk@tatmetal.com.tr) from your registered electronic mail address.

*Please note that if you write "**Request for Information/Change under the Law on Personal Data Protection**" on the application envelope or in the subject line of the e-mail, you may receive a faster response.*

It is also possible to apply through a Notary Public or through methods which are legally valid and enable identity verification. It is recommended that applicants comply with the application methods mentioned above as much as possible, as this will increase the probability for the application to be concluded positively and within a short time period.

## 1. DATA SUBJECT CONTACT INFORMATION

<b>Name / Surname</b>	
<b>Republic of Turkey ID No</b>	
<b>Phone No</b>	
<b>Address</b>	
<b>Electronic Mail Address</b>	
<b>KEP (Registered Electronic Mail) Address)</b>	

## 2. YOUR RELATIONSHIP WITH OUR COMPANY

<input type="checkbox"/> <b>TATMETAL's Employee / Former Employee</b>	<b>Years of employment:</b>
<input type="checkbox"/> <b>Employee Candidate</b>	<b>Application Date:</b>
<input type="checkbox"/> <b>Intern / Intern Candidate</b>	<b>Explanation:</b>
<input type="checkbox"/> <b>Supplier's Officer / Employee</b>	<b>Explanation:</b>
<input type="checkbox"/> <b>Visitor</b>	<b>Explanation:</b>
<input type="checkbox"/> <b>Customer</b>	<b>Explanation:</b>

<input type="checkbox"/> Other	Explanation:
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**3. CONTENT OF APPLICATION**

Specify the options suitable for your request within the scope of the application by checking the box(es) next to the relevant statement

<input type="checkbox"/>	<b>1. I would like to learn whether or not my personal data were processed.</b>
<input type="checkbox"/>	<b>2. If my personal data were processed, I request information about these processing activities.</b>
<input type="checkbox"/>	<b>3. If my personal data were processed, I would like to learn the purpose of such processing activity and whether or not my data were used for the intended purposes of processing.</b>
<input type="checkbox"/>	<b>4. I would like to know the third parties to whom my personal data were transferred at home or abroad (if any).</b>
<input type="checkbox"/>	<b>5. I request the erasure or destruction or anonymization of my personal data under the conditions prescribed by the law.</b>
<input type="checkbox"/>	<b>6. I request the rectification of my personal data because I believe that they were processed incompletely or inaccurately. (Please provide information in the explanation section about the personal data which you believe were processed incompletely or inaccurately.)</b>
<input type="checkbox"/>	<b>7. I request notification to be made to the third parties to whom my personal data have been transferred, in the case that my personal data are changed upon my request.</b>
<input type="checkbox"/>	<b>8. I believe that an unfavourable outcome has arisen against me as a result of the analysing of my personal data exclusively by automatic means, and I object to such outcome.</b>

## EXPLANATIONS IN RELATION TO THE REQUEST

Please give your explanations regarding your request and your personal data that are the subject of your request in order that your application can be fully answered.

## 4. ANNEXES

If you share information and documents in the enclosure of your application, please specify these.

## 5. METHOD OF RESPONDING TO YOUR APPLICATION

Please choose your preferred method to be used in responding to your application.

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I want the application result to be sent by mail to my address of place of residence/place of business which is my notification address.  |
| <input type="checkbox"/> | I want the application result to be sent to my e-mail address that I have stated on the application form.   |
| <input type="checkbox"/> | I want to receive the application result in person or through my proxy *. ( <i>*In the case of receiving by proxy, it is necessary to have a notarized power of attorney or certificate of authority.</i> ) |

## DECLARATION OF THE APPLICANT

This application form has been prepared to enable us to respond to your requests correctly and completely and within the time period prescribed by the law. As data controller, we reserve the right to request additional documents and information (identity card or copy of driver's license, etc.) for verification of identity and authorization, for the purpose of preventing unauthorized people from making an application and accessing to personal data and ensuring

the security of your personal data. In the event that the information with respect to the requests you submit in the form is not correct and up to date, and application is made in an unauthorized manner or by using incorrect/misleading information, your application shall be rejected and legal action shall be taken against the person who has carried out an illegal transaction.

#### Data Subject/Person Applying on behalf of Someone Else

Name and Surname :

Date of Application :

Signature :

*(E-signature can be used for applications made via registered electronic mail (KEP))*

In the case of application on behalf of someone else, please send information about your relationship with the applicant, and your power of attorney, civil registry extract or the relevant document, by enclosing the same with your application.