



Arap Türk Bankası Anonim Şirketi ("Company")

FORM OF APPLICATION TO THE DATA CONTROLLER

A. Data Subject's contact information:

Name and Surname* :

Turkish ID No* :

(nationality, passport number or identity number, if any, for foreigners)

Telephone and Fax Number* :

Electronic mail address* :

Residence or workplace address* :

B. Please indicate your relationship with our Company as the data subject.

(such as customer, former employee, employee of a third-party company)

To be filled by service receivers

<input type="checkbox"/> I am a Customer	<input type="checkbox"/> I am a Former Customer
	<input type="checkbox"/> Other:
Service Received from the Departments of:.....	
.....	
.....	
.....	

To be filled if employee

<input type="checkbox"/> I am a Current Employee	<input type="checkbox"/> I applied for a job / shared my CV
<input type="checkbox"/> I am a Former Employee	<i>Date:</i>
<i>Years of Service:</i>	<input type="checkbox"/> I am an employee of a third party company
<input type="checkbox"/> Other:	<i>Please give the name of employing firm and your position.</i>
.....

* These areas are mandatory to be filled in accordance with Article 5 Application Procedures of Communique on the Procedures and Principles for Application to the Data Controller issued based on clauses (e) and (g) of the first paragraph of Article 13 and Article 22 of the Law No. 6698 on the Personal Data Protection. If this field is left empty, your application will not be processed.

Arap Türk Bankası A.Ş. Ticaret Sicil No: 146103 MERSİS No: 0072000479500015

Registered Office: Head Office - Valikonağı Cad. No:10 34367 Nişantaşı / İstanbul

www.atbank.com.tr

C. *Please indicate your request under the Personal Data Protection Law in detail:

***Enclose the information and documents concerning the subject with the application.**

.....
.....
.....
.....
.....

Remarks

Please fill out this form and submit a signed copy of it

- to the address of Valikonađı Cad. No: 10 Niřantařı 34367 İstanbul/Turkey in person, having your identity confirmed or
- to the e-mail address of our company at atbank@hs03.kep.tr or
- to us, having your identity confirmed, in accordance with other procedures specified by the Law and relevant legislation.

This application form that you have filled out has been prepared to determine your relationship with our Company, to fully and accurately identify your personal data, if any, that has been processed by our Company, and to duly respond to your application during the legally prescribed period. Our Company reserves the right to ask for additional documents and information (a copy of identity card or driver's license, etc.) for identity and authorization verification in order to eliminate any legal risks that may arise from unlawful and unfair data sharing and especially to provide security of your personal data. Our Company is not responsible for the problems that may arise during the sending of the documents to the address/e-mail. In the case that information pertaining to your requests communicated by you in the form is not correct or up-to-date, or if an unauthorized application has been made, our Company does not assume liability for requests based on such incorrect information or unauthorized application. The company will conclude the application requests within 30 (thirty) days at the latest, in accordance with Article 13 of the Law no. 6698.

Application Date :

Applicant's Name & Surname :

Signature* :

Application Received on :

Application Received by :

Signature :

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