**ORIGIN LOGISTICS DATA OWNER APPLICATION FORM**

1. **Application Method**

You can submit your requests within the scope of your rights listed in Article 11 of the Law on the Protection of Personal Data No. 6698 (“Law”) to our Company by using one of the methods explained below, in accordance with Article 13 of the Law and Article 5 of the Communiqué on the Procedures and Principles of Application to the Data Controller, by filling out this form.

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| --- | --- | --- | --- |
|  | **APPLICATION METHOD** | **ADDRESS TO APPLY** | **INFORMATION TO BE PROVIDED IN THE APPLICATION** |
| **1. Written Application** | Application with wet signature in person or via Notary | Oruç Reis Mah. Vadi Cad. No:108 İstanbul Ticaret Sarayı Kat:3 Esenler-İstanbul | The envelope / notification will be labeled with "Request for Information within the Scope of the Personal Data Protection Law" |
| 1. **Registered Electronic Mail**   **(Via KEP)** |  | originlojistik@hs05.kep.tr | The subject line of the email will include "Request for Information within the Scope of the Personal Data Protection Law" |
|  | Application via registered electronic mail (KEP) address |  |  |
| 1. **Application with the Email Address Registered in Our System** | Using the email address registered in our company's system | kvkk@originlog.com | The subject line of the email will include "Request for Information within the Scope of the Personal Data Protection Law" |
| 1. **Application with an Email Address Not Registered in Our System** | Using an email address not registered in our company's system with a mobile signature/e-signature | kvkk@originlog.com | The subject line of the email will include "Request for Information within the Scope of the Personal Data Protection Law" |

1. **Personal and Contact Information**

Please fill in the fields below so that we can contact you and verify your identity.

Name / Surname:

Turkish ID Number:

ID / Pasaport Number for Foreigners

Address for Official Notifications / Workplace Address

Mobile Number:

Phone Number:

Fax Number:

E-mail Address :

1. **Your Relationship with Our Company:** Please check the relevant box

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Customer | Employee | Ex-employee | Supplier | Other (…………………..) |
|  |  |  |  |  Please specify |

1. **Subject of request:** Please clearly state your request regarding your personal data below. Information and documents related to the subject should be attached to the application.
2. **Method to receive the response**

• I request that the response be sent to the postal address provided in section 2. 

• I request that the response be sent to the email address provided in section 2. 

• I request that the response be sent to the fax number provided in section 2. 

*In accordance with the requests I have stated above, I kindly request that my application to your company be evaluated and that I am informed pursuant to Article 13 of the Law.*

*I hereby declare and undertake that the information and documents I have provided in this application are accurate and up-to-date, that your company may request additional information in order to finalize my application, and that I have been informed that I may need to pay the fee determined by the Personal Data Protection Board in case there is an additional cost.*

***Applicant (Data Owner)***

***Name Surname:***

***Application Date:***

***Signature:***