ROYAL TOURS TICKETS TURÜZM VE TRADE LTD. ÜTÜ.

PERSONAL DATA OWNER APPLICATION FORM

1. Application Method

You can submit your requests within the scope of your rights listed in Article 11 of the Personal Data Protection Law No. 6698 ("KVKK") to our Company in one of the following ways, in accordance with Article 13 of the KVKK and Article 5 of the "Communiqué on the Procedures and Principles of Application to the Data Controller".

	APPLICATION METHOD	APPLICATION METHOD	WHERE THE APPLICATION WILL BE SENT ADDRESS	APPLICATION SUBJECT INFORMATION
1. In	Writing Application	Wet signed in person (with proof of identity) or To note through	Gümüÿsuyu Mah. ÿnönü Cad. Melek Apt. No: 11/2 Beyoÿlu/ ÿSTANBUL	"Information Request Within the Scope of the Personal Data Protection Law" will be written on the envelope/notification.
2. Re	egistered Electronic Mail (KEP) Application via	With registered e-mail (KEP) address	royalyatcilik@hs01.kep.tr registered e-mail (KEP) address	"Personal Data Protection Law Information Request" will be written in the subject line of the e-mail.
3.	In our system found Electronic mail With address Application	In our company's system registered electronic your address by mail	"muhasebe@royal-tours- tickets.com" to your email address	"Personal Data Protection Law Information Request" will be written in the subject line of the e-mail.
4.	In our system not found Electronic mail With address Application	In our Company's system, including mobile signature/e- signature Using your e-mail address that does not exist by	"muhasebe@royal-tours- tickets.com" to your email address	"Personal Data Protection Law Information Request" will be written in the subject line of the e-mail.

2. INFORMATION ABOUT THE APPLICANT

In accordance with the Communiqué on Application Procedures and Principles issued within the scope of KVKK, you must complete the information and documents requested below completely and accurately.

Name and surname	:	
Turkish Identity Number (Passport number for foreigners or identification number, if available)	:	
Notification Based Residence or Workplace Address E- Mail	:	
Address	:	
Telephone Number (Fixed/GSM)	:	
Fax Number	:	

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3. Your Relationship with Our Company

Please select the most appropriate option indicating the relationship between you and our company.					
Customer	Business Partner /	Supplier		Potential Customer	
Visitor	Worker			Employee Candidate	
Other					
Do you continue your relationship with	our company?				
Yes		No			
If your relationship with our company ha	as ended, the date				
range in which the relationship continue	es				
The person, unit/department you are in	contact with within				
the scope of your relationship with the					
The date you communicated with the Company (day/month/					
year or a time interval).					
The communication channel you use (e-mail, customer				
service, company headquarters visit, e	tc.)				
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4. Subject of the

Request: You must clearly write your request regarding your personal data in the form below and attach the relevant information and documents to the application along with your explanations and suggestions on the subject.

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5. FINALIZATION OF THE APPLICATION

Our company will respond to you within thirty (30) days at the latest, depending on the nature of your request in accordance with the relevant legislation. If you request written notification of the application result in accordance with the relevant legislation, no fee will be charged for notifications less than 10 pages. For notifications longer than 10 pages, 1 Turkish Lira will be charged per page. If you request that the application result be delivered on a recording medium such as CD or Flash Memory, you may be charged a fee provided that it does not exceed the cost of the recording medium used. If the information and requests you submit within the scope of this form are not up-to-date and accurate or if an unauthorized application is made, you will be held responsible.

Please choose the method by which you will be notified of our response to your application and enter the necessary information in the blank field below.

to-date, that your Company may request additional information in order to finalize my application, and that I have been informed that I may have to pay the fee determined by the Personal Data Protection Board if it requires an additional cost. I kindly request that the application I have made to your company be evaluated and finalized in line with my requests in accordance with Article 13 of the KVKK. Applicant Data Owner (Relevant Person)1	Application Result Notification Method	Selection Required Information
address or number: (The response may be faster in this method) I want to receive it by hand. Notarized if received by proxy A power of attorney or authorization document is required. Thereby declare and undertake that the information and documents I have provided to you in this application are correct 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 have to pay the fee determined by the Personal Data Protection Board if it requires an additional cost. It kindly request that the application I have made to your company be evaluated and finalized in line with my requests in accordance with Article 13 of the KVKK. Applicant Data Owner (Relevant Person)1	I want it sent to my address.	My address:
I want to receive it by hand. Notarized if received by proxy	want it to be sent to my e main	
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I kindly request that the application I have made to your company be evaluated and finalized in line with my requests in accordance with Article 13 of the KVKK. Applicant Data Owner (Relevant Person)1	to-date, that your Company may request additio	onal information in order to finalize my application, and that I have been informe
Applicant Data Owner (Relevant Person)1 Name and surname Date	that I may have to pay the fee determined by the	e Personal Data Protection Board if it requires an additional cost.
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Name and surname	accordance with Article 13 of the KVKK.	
Date :	Applicant Data Owner (Relevant Person)1	
Signature :	Name and surname	
	Date :	

¹ If you are applying on behalf of someone else, please send documents showing that you are authorized to apply (such as a power of attorney, a document showing that you are the parent/guardian of the personal data owner) as an attachment to the application. These documents are accepted as value of the personal data owner of a succepted as value of the personal data owner.