



**MOTHER AND CHILD EDUCATION FOUNDATION
DATA OWNER APPLICATION FORM**

1. Method of Application

You can send your requests regarding your rights stated in Article 11 of the Law No. 6698 on Protection of Personal Data (“**the Law**”) to our Foundation via the methods described below by using the form here as required by article 13 of the Law and article 5 of the Notice on the Rules and Procedures Regarding the Application to the Data Controller.

	METHOD OF APPLICATION	APPLICATION ADDRESS	INFORMATION TO BE SUBMITTED DURING APPLICATION
Written Application	Applying personally with wet signature or via the notary	Merkez Mah. Cendere Cad. No: 22 Kat 7 D: 13 Kağıthane / İstanbul	“Kişisel Verilerin Korunması Kanunu Kapsamında Bilgi Talebi” (Information Request within the Scope of Law on Protection of Personal Data) should be written on the envelope/notice.
Application via the Electronic Mail Address Saved in Our System	By using your electronic mail address saved in our foundation’s system	kvkk@acev.org	The subject line of the e-mail should read “Kişisel Verilerin Korunması Kanunu Bilgi Talebi” (Information Request Regarding the Law on Protection of Personal Data).
Application via the Electronic Mail Address Not Saved Our System	By using your electronic mail address, containing mobile signature/e-signature, that is not saved in our Foundation’s system	kvkk@acev.org	The subject line of the e-mail should read “Kişisel Verilerin Korunması Kanunu Bilgi Talebi” (Information Request Regarding the Law on Protection of Personal Data).

2. Your Identity and Contact Information *(Required Field)*

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

Name & Surname	:	
T.R. ID Number / Passport Number or ID Card Number for Other Nationalities	:	
Residential Address / Business Address to Be Stated on the Notice	:	
Mobile Phone	:	
Phone	:	
Fax Number	:	
E-mail Address	:	

3. Your Relation to Our Foundation *(Optional Field)*

“While completing the form please avoid using expressions that are not related to exercising of your rights stated in article 11 of the Law no. 6698, and that may lead you to provide further unnecessary personal information to us.”

Your Relation to : Our Foundation	<input type="checkbox"/> Customer/Donator <i>(You can provide information about your relation to our Foundation if you wish):</i>
	<input type="checkbox"/> Former Employee <i>(You can provide information about your former position if you wish):</i>
	<input type="checkbox"/> Employee <i>(You can provide information about your position if you wish):</i>
	<input type="checkbox"/> Other <i>(You can provide information about your relation to our Foundation if you wish):</i>

4. Subject of Request (Required Field)

We kindly ask of you to write your request regarding your personal data below clearly. Information and documents related to the subject matter should be attached to the application.

5. Please Select the Notification Method for the Response to Be Sent to You (Optional Field)

I would like the response to be sent to the mailing address I provided in section 2 of the form.

I would like the response to be sent to the electronic mail address I provided in section 2 of the form.

I would like the response to be sent to the fax number I provided in section 2 of the form.

In accordance with the requests I stated above, I kindly ask for my application at your Foundation to be evaluated in accordance with article 13 of the Law and I would like to be informed accordingly.

I declare and confirm that the information and documents I provided to you in this application are correct and up-to-date, your Foundation may require additional information in order to finalize my application and I have been informed that I may need to pay the fee determined by the Committee of Personal Data Protection in case additional costs are incurred.

Concerned Applicant (Required Field for Applications in Person)

Name & Surname :

Date of Application :

Signature :