

INFORMATION REQUEST FORM PURSUANT TO LAW NO: 6698 ON THE PROTECTION OF PERSONAL DATA

1. GENERAL EXPLANATION

You may submit your requests regarding your rights arising from Article 11 of Law No. 6698 on the Protection of Personal Data to TURKISH MAARIF FOUNDATION via this form. Your Data/Information requests will be replied as soon as possible and within thirty days at the latest as of the date MAARIF FOUNDATION is notified. Our response to your information request will be notified to you in writing or electronically using the communication channels you have chosen below.

The information requested should be filled in completely during the Data/Information request applications. Otherwise, TURKISH MAARIF FOUNDATION will not be able to process and conclude your information requests. TURKISH MAARIF FOUNDATION will not assume any responsibility with regard to the fact that the request is not processed or concluded in case your personal information in the data request form is inaccurate or incomplete.

2. INFORMATION REGARDING THE PERSON CONCERNED REQUESTING INFORMATION

NAME SURNAME	
Republic of Turkey PERSONAL ID NUMBER	
NATIONALITY	
PASSPORT NUMBER (IN CASE YOU ARE A FOREIGN NATIONAL)	
OR ID NUMBER, IF AVAILABLE	
RESIDENTIAL OR WORKPLACE INFORMATION	
MOBILE PHONE NUMBER	
E-POSTA ADRESİ	

4. DECLARATION OF THE DATA OWNER CONCERNED

I would like you to kindly evaluate my application in line with my requests explained above and to reply accordingly. I accept, declare and undertake that the information I have submitted during my application is true and up-to-date and belongs to me. I consent to the processing of my personal data and/or special category of personal data that I have shared simultaneously with this Data/Information Request Application, by TURKISH MAARIF FOUNDATION.

- I would like to receive the answer to my application personally by hand. (*Information about the Data/Information Request Application is not disclosed to any third party other than the applicant*)
- I would like the answer to my Data/Information Request Application to be sent to my e-mail address specified in the Application Form.
- I would like the answer to my Data/Information Request Application to be sent to my notification address specified in the Application Form.

(Please mark the option you chose.)

Name Surname of the Applicant Data Owner Concerned:

Date of Request Application:

Signature: