

Personal Data Information Request Form

Please fill out the Personal Data Information Request Form to submit your requests regarding your rights specified in Article 11 of the Personal Data Protection Law.

Please send the form to our 'Kulüp' by one of the following methods.

We may ask you for additional information/documentation to identify you.

We will let you know our response to your application within 30 days at the latest.

Please read the following explanations carefully before completing this form.

This Personal Data Information Request Form ("**Form**") has been prepared for you to use while submitting your requests regarding your rights specified in Article 11 of the Personal Data Protection Law.

After filling out the Form, you can send us your request using the following methods:

1. You can send an e-mail to sporkulubukvkk@eczacibasi.com.tr
2. Eczacıbaşı Spor Kulübü Kemerburgaz Caddesi, No. 21, 34450 Ayazağa İstanbul/Türkiye by mail or notary public.
3. You may also prefer to apply to the data controller by using other methods specified in [Communiqué on the Principles and Procedures For The Request To Data Controller](#)

If you choose to submit your application by e-mail, please write the subject of the e-mail as "**Data Subject Application**".

We will respond to your application as soon as possible and within thirty days at the latest. If a separate cost is required for the transaction, we may charge you the fee determined by the Personal Data Protection Board. We will inform you separately if a fee is required.

In cases where we need to confirm the identity of the applicant, you may need to provide us with a copy of one of the identifying documents such as an identity card, driver's license or passport.

If you have any questions about the subject, you can send an e-mail to sporkulubukvkk@eczacibasi.com.tr

Filling in the fields indicated with an asterisk ("*") is mandatory in accordance with the Communiqué on the Principles and Procedures for the Request to Data Controller.

1. THE APPLICANT

Please indicate on whose behalf you are applying in the table below.

<i>I would like to make an application on my own behalf as a data subject.</i> <i>(Please fill in only the sections related to your own identity)</i>	
<i>I would like to apply on behalf of someone else.</i> <i>(Please fill in the sections regarding the identity of the data subject and your own identity)</i>	

2. DATA SUBJECT INFORMATION

YOUR RELATIONSHIP WITH ECZACIBAŞI SPOR KULÜBÜ DERNEĞİ	
NAME-SURNAME*	
TURKISH ID NUMBER* <i>(Nationality and passport number or identification number if the applicant is a foreigner)</i>	
PHONE NUMBER*	
E-MAIL ADDRESS*	
ADDRESS* <i>(Residential area or business address)</i>	

3. INFORMATION ABOUT THE PERSON APPLYING ON BEHALF OF SOMEONE ELSE

If you want to apply on behalf of someone else, you must submit documents showing that you are authorized to represent (such as a document showing that you are the parent/guardian of the person concerned, power of attorney) and documents identifying your identity together with the Form. These documents will be valid if they are issued or approved by the competent authorities.

Please fill in the following sections if you are applying on behalf of someone else:

RELATIONSHIP WITH DATA SUBJECT	
ADDRESS	

PHONE NUMBER	
E-MAIL ADDRESS	

4. RIGHTS TO BE EXERCISED

Please indicate in the table below the rights you would like to exercise when applying. You can make more than one check mark.

1	I would like to learn whether my personal data is being processed.	
2	If my personal data is processed, I request information about these data processing activities.	
3	If my personal data is processed, I would like to learn the purpose of processing and whether it is used in compliance with the purpose of processing.	
4	If my personal data is transferred to third parties at country or abroad, I would like to know these third parties.	
5	I think that my personal data is incomplete or incorrectly processed and I want them to be corrected.	
6	Although my personal data has been processed in accordance with the provisions of the law and other relevant laws, I want my personal data to be deleted or anonymized.	
7	I want my personal data, which I think are incomplete and incorrectly processed, to be corrected by third parties to whom they are transferred.	
8	I want my personal data that I request to be deleted or anonymized to be deleted or anonymized by the third parties to whom they are transferred.	
9	I demand compensation for my damages due to unlawful processing of my personal data.	
10	I want to withdraw the consent I have given for the processing of my personal data.	

5. EXPLANATIONS ABOUT THE REQUEST

Please specify your request and the personal data subject to your request in detail below.

6. APPLICATION FORM ATTACHMENT

If there is a document attached to the Application Form that you would like to base your application on, we kindly ask you to send it. Please indicate below if there is such a document.

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7. APPLICATION RESPONSE PREFERENCE

Please indicate how you would prefer us to communicate our response to your application.

<i>I would like it to be sent by post to the address I have indicated above.</i>	
<i>I would like it to be sent via the e-mail address I have indicated above.</i>	

I hereby confirm that I have read and understood the terms of the application form regarding the requests I will submit to ECZACACIBAŞI SPOR KULÜBÜ DERNEĞİ and that the information provided in this application belongs to me and/or the person on whose behalf I am applying.

DATA SUBJECT

(Please sign this section if you are applying on your own behalf).

Name-Surname:

Date:

Sign:

APPLYING ON BEHALF OF SOMEONE ELSE

(Please sign this section if you are applying on behalf of someone else).

Name-Surname:

Date:

Sign: