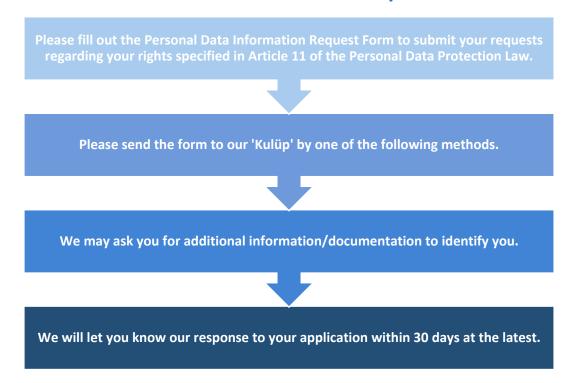
Personal Data Information Request Form



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 would like to make an application on my own behalf as a data subject.

(Please fill in only the sections related to your own identity)

I would like to apply on behalf of someone else.

(Please fill in the sections regarding the identity of the data subject and your own identity)

2. DATA SUBJECT INFORMATION

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

P	HONE 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
ease specify your request and	the personal data subject to your request in detail below.

6. APPLICATION I	FORM ATTACHMENT			
If there is a document attached to the Application Form that you would like to base your applic on, we kindly ask you to send it. Please indicate below if there is such a document.				
7. APPLICATION RI	ESPONSE PREFERENCE			
Please indicate how you would prefer us to comm	nunicate our response to your application.			
I would like it to be sent by post to the address I	have indicated above.			
I would like it to be sent via the e-mail address I l	have indicated above.			
requests I will submit to ECZACACIBAŞI SPOR KU in this application belongs to me and/or the personatal DATA SUBJECT	APPLYING ON BEHALF OF SOMEONE ELSE			
(Please sign this section if you are applying on your own behalf).	(Please sign this section if you are applying on behalf of someone else).			
Name-Surname:	Name-Surname:			
Date:	Date:			
Sign:	Sign:			