

DATA SUBJECT APPLICATION FORM OF ONEINGAGE

The term "**OneIngage**" refers to and encompasses OneIngage Pazarlama ve Teknoloji Çözümleri A.Ş., Intechno360 Pazarlama Teknolojileri Anonim Şirketi, and Ingage Dijital Pazarlama Hizmetleri Anonim Şirketi.

1. Application Method

Pursuant to Article 11 of the Law on the Protection of Personal Data No. 6698 ("**the Law**"), you may submit your requests regarding your rights specified under the said article to our Company <u>by means of this form</u> or through one of the methods explained below, in accordance with Article 13 of the Law and Article 5 of the Communiqué on the Principles and Procedures for Application to the Data Controller.

	APPLICATION METHOD	APPLICATION ADDRESS	INFORMATION TO BE PROVIDED IN THE APPLICATION
1. Written Application	Submission in person with a wet signature or via Notary	Ünalan Mahallesi Ayazma caddesi Koç Grup Sitesi A-1 Apt. No:131/1 Üsküdar/ İstanbul	The envelope/notification must state "Information Request within the Scope of the Law on the Protection of Personal Data".
2. Via Registered Electronic Mail (KEP)	Using a registered electronic mail (KEP) address	ingage@ingage.hs02.ke p.tr	The subject line of the e-mail must state "Information Request within the Scope of the Law on the Protection of Personal Data".
3. Application via the E-mail Address Registered in Our System	Using your e-mail address that is registered in our Company's system	kvk@ingage.media	The subject line of the e-mail must state "Information Request within the Scope of the Law on the Protection of Personal Data".
4. Application via an E-mail Address Not Registered in Our System	Using your e-mail address not registered in our system, with a mobile signature/e- signature	kvk@ingage.media	The subject line of the e-mail must state "Information Request within the Scope of the Law on the Protection of Personal Data".

2. Your Identity and Contact Information

Please fill in the fields below so that we can contact you and verify your identity.

Name-Surname	:	
Turkish ID Number / Passport or ID Number for Foreign Nationals	r :	
Residential Address / Business Address for Notification	:	
Mobile Phone	:	
Telephone Number	:	
Fax Number	:	
E-mail Address	:	



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3. Your Relationship with Our Company

Your Relationship with Our Company	:	Customer		Former Employee:						
		Employee:		Other:						
4. Subject of the Request										
We kindly ask you to clearly st information and documents sh				sonal data below	. Any relevant					
	,									
Please Select the Method by Whi I request that the response be sent			-							
I request that the response be sent to the e-mail address I provided in Section 2. I request that the response be sent to the fax number I provided in Section 2.										
In line with the requests I have spe that I be informed in accordance wi				plication to your Co	ompany be evaluated and					
I declare and undertake that the infland up to date, that your Company I have been informed that, in the determined by the Personal Data F	/ ma e ev	y request additior ent that this pro	nal information in c	order to finalize my	application, and that					
Applicant										
Name Surname : Date of Application : Signature :										