

## APPLICATION FORM FOR PERSONAL DATA

Information of the real person whose personal data is processed:

Name and Surname:	
T.R. ID No:	
Tax ID No:	
E-mail Address: (KEP, if available)	
Mobile Phone Number:	
Address:	
Relationship with the Bank: (Please indicate your choice.)	<input type="checkbox"/> Customer/Customer Official/Customer Shareholder <input type="checkbox"/> Partner/Partner Official/Partner Shareholder <input type="checkbox"/> Supplier/Supplier Official/Supplier Shareholder <input type="checkbox"/> Visitor <input type="checkbox"/> Supplier/Partner Employee <input type="checkbox"/> Prospective Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Guarantor <input type="checkbox"/> Other: .....
	Trade name of the entity that you work for (if available): .....
Right that is Requested to be Exercised: (Please indicate your choice.)	<input type="checkbox"/> (1) Learn whether your personal data is processed or not. <input type="checkbox"/> (2) Request relevant information in case your personal data has been processed. <input type="checkbox"/> (3) Learn the purpose of processing your personal data and whether it is used in accordance with the intended purpose. <input type="checkbox"/> (4) Know the third parties to which your personal data is transferred inside or outside the country. <input type="checkbox"/> (5) Request correction in case your personal data is processed incompletely or inaccurately. <input type="checkbox"/> (6) Request deletion or destruction of personal data. <input type="checkbox"/> (7) Request the notification of any correction, deletion or destruction of personal data to third parties to whom the personal data is transferred. <input type="checkbox"/> (8) File an objection if you believe that the results of the analysis of your processed data exclusively through automated systems have led to consequences detrimental to you. <input type="checkbox"/> (9) Demand restitution in case you suffer damages due to illegal processing of your personal data.
Remarks for the Application:	
Indicate your Preferred Channel of Communication for the Response:	<input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> KEP

After this Application Form is completely filled in, it can be;

- Delivered by hand at the headquarters in written form,
- Sent to the address of the Bank via **return-registered mail** or through a **notary public** with the addition of documents to ascertain the identity of the data owner,
- Sent by e-mail to [kvkkbasvuru@kalkinma.com.tr](mailto:kvkkbasvuru@kalkinma.com.tr), with a secure electronic signature,

## **APPLICATION FORM FOR PERSONAL DATA**

- Sent to [kalkinmabankasi.hukuk@hs02.kep.tr](mailto:kalkinmabankasi.hukuk@hs02.kep.tr) via KEP (Registered Electronic Mail) from the KEP account.

You must enter all the information on this form completely for your application to be answered in a timely manner. If you request to exercise the rights numbered 5, 8 or 9 in the form, you must fill in the remarks section of the form, and provide supporting information and documents, if any. Otherwise, you will be asked to complete the missing information before we can respond to you. This may increase the time it would take to respond to your application. You may need to fulfill certain identity verification requests for the application result to be delivered to you. The Bank is not liable for any damages that may arise from your failure to correctly enter any information on this form. If you apply by proxy, please attach your notarized power of attorney to this form. You may find detailed information on the subject on the Bank's website ([www.kalkinma.com.tr](http://www.kalkinma.com.tr)).

Date : ..../..../....

Name and Surname of the Applicant:

Signature :

### **Address where the Application will be Sent:**

Saray Mahallesi, Dr. Adnan Büyükdeniz Cd. No:10 34768 Ümraniye/İstanbul