

APPENDIX

**ETİ BAKIR A.Ş. MAZIDAĞI PHOSPHATE PLANT
(ETİ GÜBRE)**

APPLICATION FORM FOR DATA CONTROLLER

A. The Identity and Contact Information of the Data Owner

- **Name-Surname** :
- **TR Identity Number** :
- **Telephone Number / Fax Number** :
- **E-mail Address** :
- **Residence or Business Address** :

B. Please indicate the relationship between ETİ GÜBRE and you as a data owner. (Customer, employee, former employee, third-party company's employee, etc.)

It needs to be filled out if you are receiving or have received the service.

- Customer
- Former Customer
- Other:

Which departments have you received the service from? :

It needs to be filled out if you are working or have worked at Eti Gübre or are an employee of a third-party company.

- Employee Former Employee *Years of Service:*
- Candidate/ Job Applicant *The date on which the resume was shared with us:*
- Third-Party Company's Employee *Please indicate the company, position and date information you work for:*
- Other:

*These sections must be filled under Article 5 of the Communiqué On The Principles And Procedures For The Request To Data Controller which has been prepared based on Article 13 and sub-paragraphs (e) and (g) of Article 22 (1) of Personal Data Protection Law (PDP Law) No 6698. If this field is not completed, your application will not be processed.

C. Please indicate your request under the PDP Law in detail.

Please attach the information and documents about your request to this application.

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Explanation

You can send us this form,

- By sending with your wet signature and copy of your identity card to Kocakent Mah. Kocakent Kümeevleri. No:490/1-270 Mardin/Türkiye,
- By signing with a secure e-signature which is defined in Electronic Signature Law No 5070 / mobile signature/ using the registered e-mail address which you submit to us
 - From the link <https://etigubre.com/iletisim>,
 - From info@etigubre.com e-mail address,
 - From the registered e-mail address of etibakir@hs01.kep.tr
- Or, you can send it to us through other methods specified in the Law and relevant legislation within providing your identity confirmation.

D. Please choose the notification method of our response to your application.

I want it to be sent to my delivery address.

I want it to be sent to my e-mail address.

(If you choose this method, we'll be able to respond to you faster.)

I want to pick it up in person.

(In case of the delivery by proxy, it is required to have a notarized power of attorney or certificate of authority.)

This application form has been prepared to identify your relationship with our Company and your personal data processed by our Company, if any, and to respond to your relevant application accurately, thoroughly, and within the time specified in the law. Our Company reserves the right to request additional documents and information (Copy of identity card or driver's license, etc.) for identification and authorization detection, to eliminate legal risks that may arise from unlawful and unfair data sharing and especially to ensure the security of your personal data. Our Company is not responsible for any problems that may arise during the sending of this form to your delivery address/e-mail address. In case the information regarding your requests within the scope of the form is not correct and up-to-date, or an unauthorized application is made, our Company does not accept any liability for such wrong information or requests arising from unauthorized application.

Application Date :

Applicant's Name-Surname :

Signature :

Application Receipt Date :

Recipient Name-Surname :

Signature :