DATA SUBJECT APPLICATION FORM

Opr. Dr. Turgut Kayadibi Plastic, Reconstructive and Aesthetic Surgery Practice · VKN: 26656538810

1. General Information on Your Right to Apply

Under Article 11 of Law No. 6698 on the Protection of Personal Data ("Law No. 6698"), as a data subject you may apply to Opr. Dr. Turgut Kayadibi Plastic, Reconstructive and Aesthetic Surgery Practice (the "Practice") to:

- Learn whether your personal data is being processed,
- Request information if your personal data has been processed,
- Learn the purpose of processing your personal data and whether it is used in accordance with that purpose,
- Know the third parties in Türkiye or abroad to whom your personal data has been transferred,
- Request the correction of your personal data if it has been processed incompletely or inaccurately, and request that this action be notified to the third parties to whom the data has been transferred,
- Request the erasure, destruction or anonymisation of your personal data if the reasons requiring its processing no longer exist, and request that this action be notified to the third parties to whom the data has been transferred,
- Object to a result to your detriment arising from the analysis of your processed data exclusively by automated systems,
- Claim compensation for damage suffered as a result of the unlawful processing of your personal data.

Pursuant to Article 13 of Law No. 6698, our Practice will conclude your application free of charge as soon as possible, depending on the nature of the request, and within thirty (30) days at the latest. However, if the action requires an additional cost, the fee set out in the tariff determined by the Personal Data Protection Board may be charged.

2. Method of Application

In accordance with Article 13 of Law No. 6698 and Article 5 of the Communiqué on the Procedures and Principles of Application to the Data Controller, you may submit your requests in writing to our registered address, using a secure electronic signature/mobile signature, or through the email address you have previously notified to our Practice and which is registered in our system. Patients and prospective patients applying from abroad may also submit their requests by email to info@turgutkayadibi.com, provided that their identity can be verified.

Method of application	Application address	Information to be indicated in the application
Written application	Halaskargazi, Teşvikiye, Vali Konağı Cd. No:29/4, 34365 Şişli/İstanbul	"Request for Information under the Personal Data Protection Law" must be written on the envelope/notification.
Email registered in our system / Applications from abroad	info@turgutkayadibi.com	"Request for Information under the Personal Data Protection Law" must be written in the subject line of the email; the application may be sent from the email address previously notified to the Practice and registered in our system or, if you are applying from abroad, to this address.

3. Your Identity and Contact Details

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

Name and surname	
Turkish ID No. / Passport or ID No. for foreign nationals	
Residential / business address for notifications	
Mobile phone	
Telephone number	
Email address	
Your relationship with our Practice (Patient / Prospective patient / Employee / Business partner / Other)	

4. Subject of Your Request

Please describe your request concerning your personal data below. We kindly ask you to attach any relevant information and documents to your application.

Request

5. How You Wish to Receive Our Response

☐ I would like the response to be sent to the postal address indicated in Section 3.

☐ I would like the response to be sent to the email address indicated in Section 3.

☐ I would like to collect the response in person (if collected by proxy, a notarised power of attorney is required).

6. Declaration

I kindly request that my application to your Practice be assessed under Article 13 of Law No. 6698 and that I be informed accordingly. I declare and undertake that the information and documents I have provided in this application are accurate and up to date, and that I have been informed that your Practice may request additional information and documents to verify my identity/authority (such as a copy of my identity card or driving licence) in order to conclude my application, and that I may be required to pay the fee determined by the Board if the action requires an additional cost.

Name and surname	
Date of application	
Signature	