**DATA SUBJECT APPLICATION FORM**

## Application Method

You can notify your requests in relation to your rights specified in the Article 11 of the Law on the Protection of Personal Data with number 6698 (the “PPD Law”) to Republic of Türkiye Ministry of Treasury and Finance Central Finance and Contracts Unit (“**Unit**”) by using this form and with one of the methods described below, in line with article 13 of the Law and article 5 of the Communique about the Procedures and Principles for Applications to the Data Controller.

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| --- | --- | --- | --- |
|  | **Application Method** | **Application Address** | **Information to be Provided in the Application** |
| **1. By Written Application** | By personal application with wet signature, or via notaries, or with cargo/mail | T.C. Hazine ve Maliye Bakanlığı Kampüsü İnönü Bulvarı No:36 E Blok 06490  Emek / ANKARA | Please write, “Request of Information under the Law on the Protection of Personal  Data” on the envelope. |
| **2. By Registered Electronic Mailing (REP)** | By using the registered electronic mailing (REP) address | cfcu\_info@cfcu.gov.tr | Please write, “Request of Information under the Law on the Protection of Personal Data” in the subject  section of your e-mail. |
| **3. By the Electronic Mailing Address Recorded in our System** | By using the electronic mailing address recorded in the system of our Unit | kvkk@cfcu.gov.tr | Please write, “Request of Information under the Law on the Protection of Personal  Data” in the subject section of your e-mail. |

## Your Identity and Contact Information

Please fill in the following sections in order for us to contact you and verify your identity.

|  |  |  |
| --- | --- | --- |
| Name and Surname: | **:** |  |
| Turkish Republic ID Number / Passport Number or Identity  Number for foreign citizens: | **:** |  |
| Residence / Office Address for  Notification | **:** |  |
| Mobile Phone Number | **:** |  |
| Phone Number | **:** |  |
| Fax Number | **:** |  |
| E-Mail Address | **:** |  |

## Your Relationship with our Unit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your relationship with our Unit | **:** | Beneficiary/  Contractor: |  | Former  Employee: |  |
| Employee: |  | Other: |  |

1. **Your Request**

Please specify your request related to your personal data in details. Any information and documents related to the subject should be annexed to the application.

## Please select the method through which we will communicate our response to your application:

Send it to my mail address given in section 2 of this form. 

Send it to my e-mail address given in section 2 of this form. 

Send it to my fax number given in section 2 of this form. 

I hereby request my application to your Unit to be evaluated and information to be sent to me pursuant to article 13 of the Law.

I hereby agree and undertake that the information and documents presented by me in this application are true and accurate, your Unit may demand additional information for the finalisation of my application, and that I have been informed that I may be required to pay the fee determined by the Personal Data Protection Board, in case the process requires additional costs and confirm that I have read the clarification text present at the <https://www.cfcu.gov.tr/> adress of CFCU.

## Applicant

## (Personal Data Subject)

## Name and Surname : Application Date :

**Signature :**