

**ABDİ İBRAHİM FOUNDATION
INTERESTED PERSON APPLICATION FORM**

1. Application Method

Pursuant to Article 13 of the Law and Article 5 of the Communiqué on the Procedures and Principles of Application to the Data Controller, you may submit your requests to our Foundation, within the scope of your rights listed in Article 11 of the Law No. 6698 on the Protection of Personal Data ("**Law**"), by using one of the methods described below with this form.

	APPLICATION METHOD	ADDRESS TO APPLY	APPLICATION INFORMATION TO BE SHOWN
1. Application in Writing	In-person application with wet signature or Through a notary public	Reşitpaşa Neighborhood Old Buyukdere Cad. No: 4 34467 Sarıyer /Istanbul	On the envelope/notification "Information Request within the scope of the Law on the Protection of Personal Data" will be written.
2. Registered Electronic Mail (KEP) Through	Registered electronic mail (REM) address with	info@abdiibrahimvakfi.org	In the subject line of the e-mail "Protection of Personal Data Law Information Request" will be written.
3. Available in our system Application by Electronic Mail Address	Registered in our Foundation's system by using your electronic mail address	kvkk@abdiibrahimvakfi.com	In the subject line of the e-mail "Protection of Personal Data Law Information Request" will be written.
4. In our system Not available Application by Electronic Mail Address	In the system of our Foundation, including mobile signature/e-signature not found electronic mail using your address through	kvkk@abdiibrahimvakfi.com	In the subject line of the e-mail "Protection of Personal Data Law Information Request" will be written.

2. Identity and Contact Information

Please fill in the fields below to allow us to contact you and verify your identity.

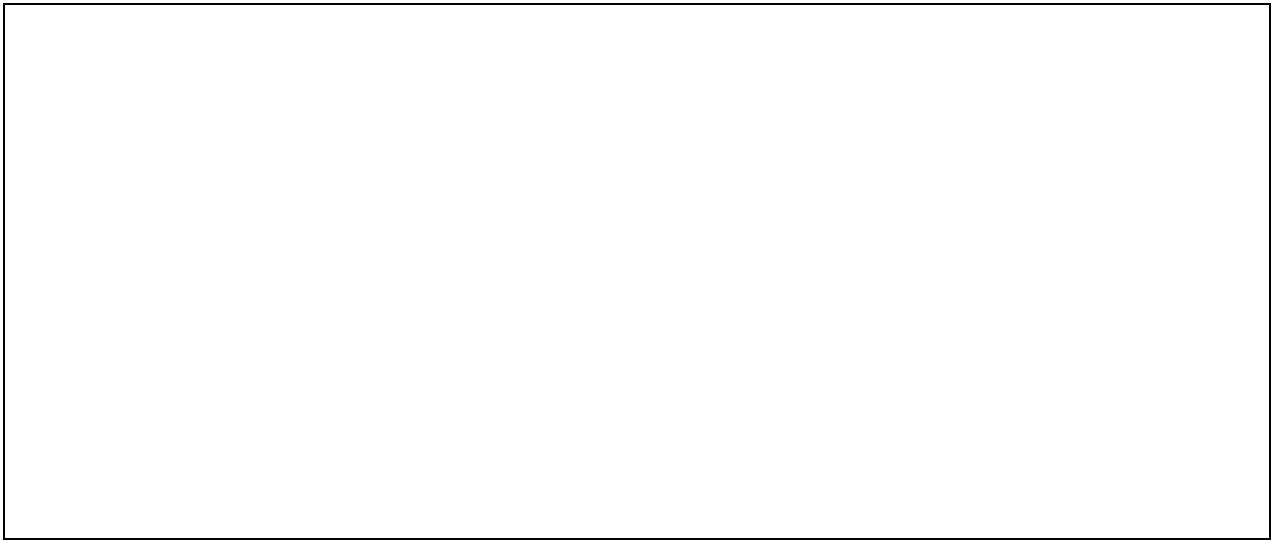
Name-Surname	:	
T.R. Identity Number / Passport Number for Citizens of Other Countries or Identity Number	:	
Residential Address / Workplace Address for Notification	:	
Cell Phone	:	
Telephone Number	:	
Fax Number	:	
Email Address	:	

3. Your Relationship with our Foundation

Our Foundation Your Relationship	:	Member:	<input type="checkbox"/>	Scholarship recipient:	<input type="checkbox"/>
		Employee:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

4. Request Subject

<p>Please write your request regarding your personal data clearly below. Relevant information and documents should be attached to the application.</p>



5. Select the method by which you will be notified of the response

I would like the reply to be sent to the e-mail address I provided in section 2.

I would like the reply to be sent to the fax number I provided in section 2.

In line with the above-mentioned requests, I kindly request that my application be evaluated in accordance with Article 13 of the Law, and that I be informed accordingly.

I hereby declare and undertake that the information and documents I have provided to you in this application are accurate and up-to-date, that your Foundation may request additional information in order to finalize my application and that I have been informed that I may be required to pay the fee determined by the Personal Data Protection Board if it requires an additional cost.

Applicant Contact Person

Name Surname :

Application Date :

Signature :