



DATA OWNER APPLICATION FORM

Personal data owners (hereinafter referred to as the "Applicant") defined as the data subject in the Law on the Protection of Personal Data No. 6698 (hereinafter referred to as the "LPPD") are entitled to submit requests regarding the processing of their personal data in Article 11 of the Law on the Protection of Personal Data.

Pursuant to the first paragraph of Article 13 of the Law on the Protection of Personal Data, applications regarding these rights to our University, which is the data controller, must be submitted to us as written statements or via other means determined by the Personal Data Protection Board ("Board").

In this context, "written" applications to our University will be made with the following methods, using the printout of this form:

- in-person,
- through a notarial notification,
- by sending an e-mail, signed with "secure electronic signature" defined in the Electronic Signature Law, to the registered e-mail address (REM) of the University.

Personal applications: by visiting TOBB University of Economics and Technology Söğütözü Street No: 43 Çankaya ANKARA with the applicant's identity card,

Notarial Notification: by sending to TOBB University of Economics and Technology Söğütözü Street No: 43 Çankaya ANKARA,

Sending via REM (Registered Electronic Mail): to tobbetu@hs01.kep.tr ,

will be done.

In addition, in case of applying through other methods, the way in which the applications will be received through these methods will be announced separately by our University.

Your applications submitted to us, in accordance with the second paragraph of Article 13 of the LPPD, depending on the nature of the request, will be concluded within thirty days from the date of notification to us. Our reply will be delivered to you in writing or electronically based on your subject, pursuant to the provision of Article 13 of the LPPD.

A. Applicant contact information:

Name:	
Surname:	
Turkish ID No:	
Phone No:	
E-mail:	
Address:	

B. Please indicate your status. (*Student, graduate, employee candidate, former employee, third-party company employee*)

<input type="checkbox"/> Student	<input type="checkbox"/> Other
<input type="checkbox"/> Graduate

Relevant Unit of our University you are in contact with:

Subject:

<input type="checkbox"/> Former Employee <i>Years I have worked:</i> Other:	<input type="checkbox"/> CV Owner / Job Application Owner <i>Date :</i> <input type="checkbox"/> Third-Party Company Employee <i>Please indicate the company and your position</i>
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C. Please specify your request under the LPPD in detail:

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

- Please send to my address in the Contact Information part.
- Please send to my e-mail address.
- I want to receive it by hand.

(In case of receipt by proxy, a notarized power of attorney or authorization document is required.)

This application form has been prepared in order to determine your relationship with our University and to fully determine your personal data processed by our University, if any, and to respond to your application in a correct and legal time. Our University reserves the right to request additional documents and explanations (copy of identity card or driver's license, etc.) for identification and authorization determination, in order to eliminate legal risks that may arise from unlawful and unfair data sharing and especially to ensure the security of your personal data. In the event that the information regarding your requests submitted within the scope of the form is not correct and up-to-date, or an unauthorized application is made, our University does not accept any liability for such false information or requests arising from unauthorized applications.

Applicant (Personal Data Owner) Name
and Surname :
Application date :
Signature :