

INFORMATION REQUEST FORM

1. Contact Information of the Concerned Person

***Full Name:**

***ID Number:**

***Phone Number:**

***E mail Address:**

2. Your Relationship With Madalyon Health Services Inc.

<input type="checkbox"/>	Customer	<input type="checkbox"/>	Third Party Company Employee
<input type="checkbox"/>	Employee	<input type="checkbox"/>	Visitor
<input type="checkbox"/>	Job/Internship Application/Cv Submission	<input type="checkbox"/>	Other
<input type="checkbox"/>	Former Employee	<input type="checkbox"/>	

3. Details of Your Request

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4. Chose Response Method for Your Request

<input type="checkbox"/>	I want it to be sent to my address.
<input type="checkbox"/>	I want it to be sent to my email address.
<input type="checkbox"/>	I want it to be sent to my KEP (Registered Email) address.
<input type="checkbox"/>	I want to pick it up in person.

5. By completing this form, sign a signed copy with:

Application Method	The Address where the application will be made
With a document to establish identity, the application form with wet signature can be submitted in person or through a notary public.	Atatürk Boulevard No: 229, Kavaklıdere/Ankara
By signing with a secure electronic signature issued under the scope of the Electronic Signature Law No: 5070	madalyon@hs02.kep.tr

6. This application form has been prepared to determine your relationship with our company, identify your personal data processed by our company, and provide a correct and legally timely response to your relevant application. 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, our company reserves the right to request additional documents and information (such as ID card/driver's license/passport copy) for identity and authorization verification. Our company does not accept any responsibility for incorrect information or unauthorized applications, and in the event of incorrect or unauthorized application-related claims, the company shall not be liable. All responsibility arising from unlawful, misleading, or false applications rests with the applicant."

***The fields marked with an asterisk (*) are mandatory to be filled in accordance with the 5th Article titled 'Application Procedure' of the Communiqué on the Principles and Procedures for Application to the Data Controller, prepared based on Article 13 and Article 22, paragraphs 1(e) and 1(g) of the Law on the Protection of Personal Data No. 6698. If these fields are left blank in your application, your application cannot be processed.**

Application Date:

Applicant's Full Name:

Signature: