

DATA SUBJECT APPLICATION FORM

Maccenta Turizm Ticaret Ltd. Şti. (iMed Medical) · USHAŞ License No: AK-0135 · Tax ID: 6090401763

1. General Information About Your Right to Apply

Pursuant to Article 11 of Law No. 6698 on the Protection of Personal Data ("Law No. 6698"), you may apply to Maccenta Turizm Ticaret Ltd. Şti. (iMed Medical) (the "Company") as a data subject to make the following requests:

- To learn whether your personal data is being processed,
- To request information if your personal data has been processed,
- To learn the purpose of processing your personal data and whether it is used in accordance with that purpose,
- To learn the third parties, domestic or abroad, to whom your personal data is transferred,
- To request correction of incomplete or inaccurate personal data and to have this notified to third parties to whom the data has been transferred,
- To request the deletion, destruction, or anonymisation of personal data where the reasons requiring processing no longer exist, and to have this notified to third parties to whom the data has been transferred,
- To object to a result that is to your detriment arising from the analysis of your data exclusively through automated systems,
- To claim compensation for damages arising from unlawful processing of your personal data.

The Company shall conclude your application, free of charge, as soon as possible and within thirty (30) days at the latest, in accordance with Article 13 of Law No. 6698, depending on the nature of the request. However, if the transaction requires an additional cost, a fee may be charged according to the tariff determined by the Personal Data Protection Board.

2. Method of Application

You may submit your requests in writing, via a registered electronic mail (KEP) address, secure electronic signature, mobile signature, or the email address you have previously notified to the Company and which is registered in our systems, pursuant to Article 13 of Law No. 6698 and Article 5 of the Communiqué on the Procedures and Principles of Application to the Data Controller. Patients and prospective patients applying from abroad may also submit their requests to info@imedmedical.com by email, provided that identity verification can be carried out.

APPLICATION METHOD	Written Application	Registered Electronic Mail (KEP)	Registered Email / Application from Abroad
APPLICATION ADDRESS	Akat Mah. Alev Sok. No: 7, Beşiktaş, İstanbul, Türkiye	maccentaturizm@hs01.kep.tr	info@imedmedical.com
INFORMATION TO BE INDICATED	The envelope/notification should be marked "Information Request under the Law on Protection of Personal Data".	The subject line of the email should read "Information Request under the Law on Protection of Personal Data".	The subject line of the email should read "Information Request under the Law on Protection of Personal Data"; the application may be sent from the email address previously registered with the Company, or from abroad, using this address.

3. Your Identity and Contact Information

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

Full Name	
National ID Number / Passport or ID Number for Foreign Nationals	
Residential or Business Address for Service of Notice	
Mobile Phone	
Phone Number	
Email Address	
Your Relationship with the Company (Patient / Prospective Patient / Employee / Business Partner / Other)	

4. Subject of Request

Please describe your request regarding your personal data below. Please attach any information and documents related to the matter.

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5. Method of Notification of Response

- ☐ I would like the response to be sent to the postal address I indicated in Section 3.
- ☐ I would like the response to be sent to the email address I indicated in Section 3.
- ☐ I would like to collect the response in person (a notarised power of attorney is required for collection by proxy).

6. Declaration

I request that my application to the Company, made in line with the requests specified above, be evaluated and that I be informed accordingly, pursuant to Article 13 of Law No. 6698. I declare and undertake that the information and documents I have provided in this application are accurate and up to date; that the Company may request additional information and documentation for identity/authority verification (such as a copy of an ID card or driving licence) in order to conclude my application; and that, if the transaction requires an additional cost, I may be required to pay the fee determined by the Board.

Full Name	
Date of Application	
Signature	