

**GOLIVE BİLİŞİM HİZMETLERİ SAN. VE TİC. LTD. ŞTİ. –INFORMATION REQUEST FORM FOR
PERSONAL DATA PROTECTION LAW (KVKK)**

A- Applicant Contact Information

NAME- SURNAME / TITLE	
ID NUMBER / TAX NUMBER	
PHONE NUMBER	
E-MAIL ADDRESS	
MAIL ADDRESS (If you would like your application result to be sent to your address by mail, please fill in the address.)	

B- Please specify your relation to our company.

Customer Visitor Business Partner Other

C- Please write your request within the scope of KVKK in detail.

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D- Please choose the method of delivery of the response to your application.

- I would like it to be sent to my address.
 I would like it to be sent to my e-mail address.
 I would like to receive it in person.

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

This application form has been issued to identify your relation to GOLIVE BİLİŞİM HİZMETLERİ SAN. VE TİC. LTD. ŞTİ., to completely specify your personal data, and to respond to your request for information in the reasonably fastest and accurate manner. Our Company reserves the right to request additional documents and information (ID card, passport, certified copy of driving license, etc.) for identification and authorization in order to avoid legal risks that might arise from illegal and unjust data disclosure, and especially to ensure the security of personal data. In case the information given in the form related to your request is inaccurate, outdated or missing, our Company shall not in any way be responsible for any requests resulting from the mentioned misinformation or unauthorized application.

Applicant (Personal Data Owner):

Name-Surname / Title:.....

Application Date:.....

Signature: