

ÖZKA LASTİK VE KAÇUK SANAYİ TİCARET A.Ş.

APPLICATION FORM

A. Contact details of the applicant:

Name:	
Last Name:	
T.R.ID No:	
Phone No:	
E-mail: (If you state, quicker response can be given to you.)	
Address:	

B. Please indicate your relationship with our Company. (Such as Customer, Supplier, Employee, Candidate, Ex-Employee)

<input type="checkbox"/> Employee	<input type="checkbox"/> Client
<input type="checkbox"/> Supplier	<input type="checkbox"/> Other
If you are a company employee, the project we worked with and your position:	

C. Please state your request within context of KVK Law in detail:

.....
.....
.....
.....
.....
.....

D. Please choose the method for us to notify the reply we will give to your application:

◇ I want it to be sent to my address.

◇ I want it to be sent to my e-mail address.

(If you choose the e-mail method, we will be able to respond to you faster.)

◇ I want to receive it by hand.

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

This application form has been issued to determine your relationship with our Company and, if any, to determine your personal data processed by our Company, in order to respond to your application correctly and in legal time. Our Company reserves the right to request additional documents and information (copy of identity card or driver's license, etc.) in order to eliminate the legal risks that may arise from illegal and unfair data sharing and especially to ensure the security of your personal data. In case the information regarding the requests you submit within the form is not correct and up-to-date, or an unauthorized application is made, our Company does not accept any liability for such incorrect information or requests arising from unauthorized application.

Applicant (Personal data owner)

Name - Last Name :

Application Date :

Signature:

