

PERSONAL DATA OWNER APPLICATION FORM

Horoz Lojistik Kargo Hizmetleri ve Tic. A.Ş. ("Horoz") has created this Application Form in order to evaluate the applications made by personal data owners more quickly and effectively, within the scope of Article 11 of the Personal Data Protection Law No. 6698 ("Law No. 6698").

Your questions about filling out the form can be submitted to us by calling (0212) 456 10 00 during business days and within working hours.

I. Rights of Personal Data Owner

Before filling out this Application Form, you can read the "Horoz Personal Data Protection and Processing Policy and Disclosure Document" at www.horoz.com.tr to understand information about your rights that are specified in Article 11 of the Law No. 6698 and the data processing activities of Horoz.

II. Method of Applying to the Data Controller

If you want to make an application regarding your rights specified in Article 11 of the Law No. 6698, fill out this Application Form and then, together with its annexes, if any,

- (i) You must submit a wet-signed copy of the form to Mahmutbey Mahallesi, Taşocağı yolu, 2538 sokak, Kısık Plaza, No: 6 Kat: 1, Bağcılar/İstanbul personally with the application, or
- (ii) You must have a wet-signed copy of the form notified to Mahmutbey Mahallesi, Taşocağı yolu, 2538 sokak, Kısık Plaza, No: 6 Kat: 1, Bağcılar/İstanbul, through a notary public, or
- (iii) You can submit the form to info@horoz.com.tr and kvk@horoz.com.tr, using registered e-mail (KEP), secure esignature, mobile signature or using your e-mail address that you have previously notified us and registered in our system.

III. Information of the Data Owner

In order for your application to be evaluated in a proper way, it is important that you provide the information and documents requested below completely and accurately.

Na	ame and surname:
T.I	R. Identification number:
Pa	ssport/ID Number: (For Foreigners)
Na	ationality (For Foreigners):
Ac	ddress:
Ph	none number:
E-ı	mail:
fro	egarding your relationship with Horoz, please choose the appropriate option from the following and fill in the blank in ont of it as to whether or not the relationship still continues and if it has ended, state the periods in which it continued, and the unit/branch you are in contact with, if any, within the scope of your relationship with Horoz.
	Employee/official of the company to which service is provided
	Supplier/Subcontractor
	Visitor
	Employee
	Employee of Supplier/Subcontractor
	Intern
	Customer
	Other

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IV. Requests of Personal Data Owner

Signature - Application Date:

Please indicate your requests regarding personal data by marking the relevant box below with an (X). If you make a request by marking the relevant box, you will need to submit the information and documents to be provided regarding the relevant request subject to Horoz along with this Form.

□ I would like to be informed about whether my personal data is being processed by Horoz.
□ I would like to be informed about the purpose for which my personal data is processed by Horoz.
 I would like to be informed about the purpose of processing my personal data by Horoz and whether it is used in accordance with its purpose.
□ I would like to be informed about the third parties to whom my personal data is transferred, in case my persona
data is transferred by Horoz to third parties in the country or abroad.
□ I would like my personal data that is incomplete or incorrectly processed to be corrected by Horoz.
□ I would like my personal data to be corrected by Horoz, which I think is incomplete/incorrectly processed, by the
third parties to whom it was transferred.
\Box I would like my personal data to be deleted/destroyed by Horoz as the reasons requiring its processing have concluded.
\Box I would like my personal data to be deleted/destroyed by Horoz before the third parties to which they are transferred, due to the conclusion of the reasons requiring their processing.
☐ I think that my personal data processed by Horoz is analyzed exclusively through automatic systems and that there is a result against me as a result of this analysis, and I object to this result.
□ I would like compensation for the damage I have suffered due to illegal processing of my personal data by Horoz.
V. Finalization and Notification of the Application
Depending on the nature of the request, Horoz will evaluate and conclude your request within thirty days at the latest
Positive or negative answers to your request can be reported to you in writing or electronically. If you would like to
make a preference regarding the delivery of the application result by one of the postal or e-mail methods, you mus indicate your preference below, along with the address/e-mail address to which the mail/e-mail will be sent:
☐ I would like the response to my application to be sent via e-mail.
□ I would like the response to my application to be sent via post.
As a rule, your requests will be concluded free of charge, but if the response of your request requires an additional cost
a fee may be charged in the amounts determined within the framework of the relevant legislation. If Horoz need additional information to finalize the request or if it cannot be authenticated that the application has been made by the
data subject, you may be contacted via your contact information specified in this Form or kept with Horoz.
VI. Request
I hereby kindly request that the application I have made pursuant to the Law No. 6698 be evaluated and finalized in line with the requests I have stated in this Application Form.
Data Owner's Name and Surname:

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