| ITKİB FUARCILIK |
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Personal Data Application Form

| Document No: | FR.21.01 |
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| Confidentiality Class: | Public |

1- Information:

Pursuant to Article 11 of the Law No. 6698 on the Protection of Personal Data, specific rights regarding the processing of personal data are defined. Personal data subjects have the right to be informed about the data collected and processed.

İTKİB Fuarcılık A.Ş. ("İTKİB") kindly requests that all inquiries related to your personal data be submitted by filling out the form below.

2- Information About the Applicant:

Please fill in your contact details and your requests according to your preferred method of communication.

| Full Name: | |
|---|---|
| ID Number: | |
| Email: | |
| Phone (optional): | |
| Please specify your relationship with our organization: | |
| Requests of the Applicant: Please clearly specify your request within the scope of the Personal Data Protection Law. | |
| Preferred Notification Method: | I would like the response to be sent to my postal address. I would like the response to be sent to my email address. (Choosing email will allow us to respond more quickly.) I would like to receive the response in person. (If received by proxy, a notarized power of attorney or authorization document is required.) |

This application form has been prepared to identify your relationship with our organization and, if applicable, to ensure an accurate and timely response to your request concerning your personal data processed by our institution. To prevent unlawful and unfair data sharing risks and to ensure the security of your personal data, our institution reserves the right to request additional documents and information (e.g., a copy of ID or driver's license) for identity and authority verification, as specified in the Clarification Statement. Our institution accepts no responsibility for any claims resulting from incorrect or unauthorized applications due to inaccurate or outdated information provided in this form.

| Applicant | (Personal | l Data | Subject |
|-----------|-----------|--------|---------|
| | | | |

Full Name: Application Date: Signature: