	Type	Document Name	No	Version
	Form	DATA SUBJECT APPLICATION FORM	IBS.F.IDU.005.01	V.00

DATA SUBJECT APPLICATION FORM

1- 1. GENERAL INFORMATION


Pursuant to the Personal Data Protection Law No. 6698 ("Law"), as a data subject, you may submit your requests regarding your rights set out under Article 11 of the Law to IBS Insurance and Reinsurance Brokerage Inc. ("Company") by using this form and one of the methods described below, in accordance with Article 13 of the Law and Article 5 of the Communiqué on the Procedures and Principles of Application to the Data Controller.

APPLICATION METHODS		ADRESS	REQUIRED INFORMATION
Written Application		IBS Sigorta ve Reasürans Brokerliği A.Ş. Maslak Link Plaza Maslak Mah. Eski Büyükdere cad. No:3-5 Maslak Sarıyer/ İstanbul"	Submit in person with wet signature or via notary, together with identification documents. Write "Information Request under the Personal Data Protection Law" in the subject line.
KEP	Registered Electronic Mail	ibs@hs01.kep.tr	Write "Information Request under the Personal Data Protection Law" in the subject line.
Email	Registered in Our System	kvkk@ibsbroker.com	Use your email registered in our system. Include "Information Request under the Personal Data Protection Law" in the subject line.
Email	Not Registered in Our System	kvkk@ibsbroker.com	Use an email address with secure electronic/mobile signature. Include "Information Request under the Personal Data Protection Law" in the subject line.

The above channels are considered "written application methods" in accordance with Article 13/1 of the Law and the relevant Communiqué dated 10.03.2018. Additional methods determined by the Board will be announced by our Company.

Applications will be responded to within the shortest time and no later than 30 days depending on their nature. Responses up to 10 pages are free of charge; for longer responses, a fee of 1 TRY per page may apply. If the response is provided on physical media (CD, USB, etc.), the fee will not exceed the cost of such media. Responses will be provided in writing or electronically.

Incomplete or inaccurate applications may delay processing. The Company reserves its legal rights in such cases.

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2- IDENTIFICATION OF THE APPLICANT

To process your request, the following information is required:

Full Name	:	
Date of Birth	:	
Turkish ID Number / Passport Number (for foreign nationals)	:	
Address (for notification) / Business Address	:	
Mobile Phone	:	
Telephone	:	
Fax	:	
Email Address	:	

To ensure data security, the Company may contact you within 7 days to verify your identity and request additional documentation.


If documents are incomplete, the 30-day response period will be suspended until completion.

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3- YOUR RELATIONSHIP WITH OUR COMPANY

Please indicate your relationship.

<input type="checkbox"/> Prospective Customer	<input type="checkbox"/> Business Partner
<input type="checkbox"/> Customer	<input type="checkbox"/> Shareholder / Partner
<input type="checkbox"/> Supplier Employee (<i>please specify company & position:</i>)	<input type="checkbox"/> Supplier Representative
<input type="checkbox"/> Habere konu kiři	<input type="checkbox"/> Visitor
<input type="checkbox"/> Job Applicant (Application / CV submitted) (Date:	<input type="checkbox"/> Former Employee (Years worked:
<input type="checkbox"/> Employee	<input type="checkbox"/> Other (please specify):
Department / Contact Person:	
Subject:	

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4- REQUEST DETAILS

No	Request	Selection
1	I would like to know whether your Company processes my personal data.	<input type="checkbox"/>
2	If yes, I request information about such processing (Art. 11/1(b)).	<input type="checkbox"/>
3	I would like to know the purpose of processing and whether it is used accordingly (Art. 11/1(c)).	<input type="checkbox"/>
4	I would like to know the third parties to whom my data is transferred (Art. 11/1(d)).	<input type="checkbox"/>
5	I request correction of incomplete/incorrect data (Art. 11/1(e)).	<input type="checkbox"/>
6	I request: <input type="checkbox"/> deletion <input type="checkbox"/> anonymization (Art. 11/1(f))	<input type="checkbox"/>
7	I request notification of corrections to third parties (Art. 11/1(f)).	<input type="checkbox"/>
8	I request deletion/anonymization by third parties as well (Art. 11/1(f)).	<input type="checkbox"/>
9	I object to automated decision-making results (Art. 11/1(g)).	<input type="checkbox"/>
10	I request compensation due to unlawful processing (Art. 11/1(h)).	<input type="checkbox"/>

Please provide details and attach supporting documents below.

5- RESPONSE METHOD

Please select how you would like to receive the response:

- By post
- By email
- By fax
- In person

(If collected by proxy, notarized authorization is required.)

6- DECLARATION


I confirm that the information provided is accurate and up to date. I acknowledge that the Company may request additional information and that fees may apply if processing incurs additional costs.

7- APPLICANT

Full Name:

Application Date:

Signature:

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Documents Required for Applications on Behalf of Children

- If parents are married: ID of either parent
- If divorced: custody decision + ID copy of guardian

Response Template

Dear [Data Subject],

Your application dated [date] has been evaluated.

Result:

- Accepted
- Partially Accepted
- Rejected

Explanation:

[Details]

You have the right to apply to the Personal Data Protection Board under Article 14 of the Law.

Kind regards,

IBS Insurance and Reinsurance Brokerage Inc.
Compliance Department