

Data Subject Application Form

GOTECH DIJITAL HIZMETLER ANONIM SİRKETİ

1. General

In order to be able to evaluate and resolve the applications to be made by you by the data subjects in accordance with Article 11 of the Law on the Protection of Personal Data No. 6698 ("KVKK"), this Application Form^[1] has been prepared by the data controller **GOTECH DIJITAL HIZMETLER ANONIM SİRKETİ** (hereinafter referred to as "**Data Controller** or **Company**").

2. Way of Application

Pursuant to Article 11 of the KVKK, the data subjects may submit a wet or electronically signed copy of this form to Gotech Dijital Hizmetler Anonim Şirketi, which is the data controller, by filling out this form in writing or by applying in person or through a power of attorney^[2] (specially authorized power of attorney for requests related to health data) or a proxy authorized by or your representative authorized in accordance with the law,

- By sending an e-mail to contact@sonivamusic.com if you have an e-mail address registered in our company,
- If you do not have an e-mail address registered with our company, by sending an e-mail to contact@sonivamusic.com, including your mobile signature or e-signature,
- By sending an e-mail to gotechdijital@hs03.kep.tr via your registered electronic mail (KEP) address,
- "*Barbaros Mah. Lale Sk. Agaoglu My Office No: 2 İç Kapi No:13 Ataşehir / İSTANBUL*" by hand delivery, through a notary public, by applying in writing via PTT or cargo.

3. Information About the Data Subject

Regarding your application pursuant to Article 11 of the KVKK, we kindly request you to fill in the following information completely so that we can get to know you and make the necessary research, evaluation and analysis by the Data Controller:

Name and Surname (Mandatory)	
Identification Number <i>Please provide your Turkish Identity Number (for Turkish Citizens), Passport Number, Foreign ID Number, or any other equivalent official identification number.</i>	
Telephone Number (Mandatory)	
Address*	
Electronic Mail Address*	

* It is necessary and sufficient to fill in one of these fields, and you can fill in whichever way you would like us to return to you.

Your personal data that you have submitted to us above is received for the purpose of evaluating and finalizing the form and contacting you and is not subject to data processing for other purposes.

Please indicate in the space below as "**Yes**" or "**No**" whether the current relationship is still ongoing, taking into account the appropriate option regarding your relationship with the Data Controller.

Customer		Employee Candidate	
Business Partner / Supplier		Employee	
Visitor		Other (Please specify)	

4. Your Request

As a data subject, please fill in the field below in detail (for example, the department you work in, the department/person/title you are in contact with, the service/department information you receive, etc.) for the situation/situations you would like to be informed within the scope of Article 11 of the KVKK:

YOUR EXPLANATIONS AND REQUEST
REQUIRED INFORMATION/DOCUMENTATION

5. Disclosures

This application form has been prepared in order to respond to your application regarding your personal data processed by the Data Controller in a complete and accurate manner, accurately, completely and within the legal period. In order to eliminate legal risks that may arise from unlawful and unfair data sharing and especially to ensure the security of your personal data, we reserve the right to request additional documents and information (copy of identity card or driver's license, etc.) for identification and authorization. In the event that the information regarding your requests you submit within the scope of the form is not correct and up-to-date or an unauthorized application is made, our company does not accept any responsibility for the requests arising from such incorrect information or unauthorized application or for any problems that may occur during the sending of our responses to the addresses you specify.

For applications made by mail or by hand, "**Gotech Dijital Hizmetler Anonim Sirketi Attention of Legal Compliance Specialist**" should be written on the envelope/notification. For applications to be made by e-mail, "**Gotech Dijital Hizmetler Anonim Sirketi Attention of Legal Compliance Specialist**" should be written in the subject section.

In case the requested information and documents are incomplete, the information and documents must be completed and submitted to us upon our request in order to evaluate your request. Until the information and documents are fully transmitted to us, the thirty (30) day period specified in Article 13/2 of the KVKK regarding the finalization of the request will be suspended.

6. Finalization of the Request of the Data Subject

Depending on its nature, we will respond to your request *as soon as possible and* within *thirty (30) days at the latest* from the date it reaches us in accordance with the KVKK. Our answers and evaluations will be communicated to you in writing or electronically in accordance with Article 13 of the KVKK according to your choice in this application form. If you wish, you can receive the result of your request by hand by applying in person. If you have such a preference, we kindly ask you to indicate in your statement.

Your requests will be finalized free of charge by us, and if the reply process causes an additional cost, we may charge a fee in the amounts determined within the framework of the relevant legislation.

To Be Filled in by the Data Subject:

I hereby request that the data subject application I have made in accordance with the KVKK be evaluated and finalized within the framework of the request/requests I have stated above, and I hereby accept, declare and undertake that the information and documents I have provided to you in this application are accurate, up-to-date and belong to me.

Applicant	
Name Surname	
Application Date	
Signature	

If the application is made on behalf of the data subject (representative/proxy)^[3]

Name and Surname of the Applicant (Mandatory)	
Identification Number <i>Please provide your Turkish Identity Number (for Turkish Citizens), Passport Number, Foreign ID Number, or any other equivalent official identification number.</i>	

Applicant	
Name Surname	
Application Date	
Signature	

To Be Filled by the Data Controller

Recipient	
Name, Surname, Title	
Date Received	
Signature	

^[1] If you have any questions about filling out the Application Form, you can contact us via the telephone number +90 536 540 9892 and e-mail address contact@sonivamusic.com.

^[2] Pursuant to Article 10 of the Regulation on Personal Health Data, "*Lawyers cannot request their client's health data with a general power of attorney. The power of attorney issued for the transfer of the health data of the client to the lawyer must contain a special provision indicating the explicit consent of the person concerned regarding the processing and transfer of special categories of personal data.*"

^[3] For applications to be made by third parties on behalf of the person concerned, a **notarized power of attorney must be sent** to us together with this form, and for applications to be made on behalf of children under a custody / guardianship relationship, a copy of the documents **certifying the custody / guardianship relationship** approved by the relevant authorities or electronically signed together with this form.