

Siemens Mobility Ulaşım Sistemleri A.Ş.

("the Company")

FORM FOR APPLYING TO THE DATA CONTROLLER

A. Data Subject's conta	ct details:			
* Full Name:		•••••	• • • • • • • • • • • • • • • • • • • •	
* RoT ID No.:				
* Telephone and Fax Numbers:				
* Electronic mail address				
* Workplace or Residential Address:				
-				
B. Please specify the rel employee, former emplo	-		•	the Company. (Customer,
To be filled in if any	service is/w	as received		
☐ I am a Customer			☐ I am a Former Customer	
			☐ Other:	
Units Providing the				
Service:				
To be filled in if you	are/were w	orking for the	e Company or fo	r a third party
☐ I am a Current	□ I Subm	itted a Job App	plication / My	☐ Other:
Employee	Résumé			
	<i>Date:</i>			
☐ I am a Former				
Employee	☐ I Work for a Third Party Company			
1		rify the company you are		
I Worked Between Years: working for and y			sition.	
	1			



C. *Please specify in detai	l your request within the scope of the Law on Protection of Personal
*Please attach to your a request.	application the information and documentation related to the subject of
Explanation	
After completing this form, you	may submit one signed copy;
 authenticated, or to siemensmobility@hs0 to kvkkmobility.tr@sien to us by other means spe is authenticated. This application form you've justo enable it to respond to your a regarding your personal data prisks which may result from u security of your personal data information (copy of identity ca	3.kep.tr via email, or nens.com with your secure electronic or mobile signature, or neisited in the Law and the relevant legislation, by making sure that your identity at completed is arranged in order to verify your relation to our Company and pplication properly and in legally due time, both completely and accurately, ocessed by our Company, if any. For the purpose of eliminating the legal nlawful and unwarranted sharing of data and, in particular, ensuring the cour company reserves its right to request further documentation and red or driver's license, etc.) in order to verify identity and authorization. Our yefor the issues which may arise at the time of submission to the address/of
the e-mail. If the information cocorrect and up-to-date or if an u	oncerning your requests which you are submitting via this form fails to be nauthorized application is filed, our Company shall undertake to liability on misinformation or unauthorized application.
Date of Application	:
Applicant's Full Name	:
Signature*	:
Application Received On	:
Full Name of the Recipient of t	he Application :
Signature	:

Unrestricted * These fields must be filled in as per article 5 titled "Application Procedure" of the Communiqué on the Principles and Procedures for Applying to the Data Controller, which is issued on the basis of article 13 and subparagraphs (e) and (g) of paragraph one of article 22 of Law no. 6698 on the Protection of Personal Data. If this field is left empty in your application, your application will not be processed.