

**APPLICATION FORM FOR DATA SUBJECTS TO EXERCISE THEIR RIGHTS
UNDER THE LAW NO. 6698 ON PROTECTION OF PERSONAL DATA**

We request you to complete the following information and send your application to Evliya Celebi Mah. Mesrutiyet Cad. No: 96 Sishane, Beyoglu, Istanbul address or continental.otelcilik@hs01.kep.tr, for applications you would like to submit to Continental Otelcilik Turizm A.S., the Data Controller, in connection with your rights set forth under article 11 of the Law No. 6698 on Protection of Personal Data (“PDPA”).

A. IDENTIFICATION, ADDRESS AND CONTACT DETAILS OF DATA SUBJECT

NAME-SURNAME	
NATIONALITY	
T.R. IDENTIFICATION NUMBER	
PASSPORT NUMBER OR IF ANY, IDENTIFICATION NUMBER FOR FOREIGN NATIONALS	
TELEPHONE NUMBER	
ADDRESS	
E-MAIL ADDRESS	
<u>ADDRESSEE COMPANY</u>	
<u>YOUR RELATIONSHIP WITH THE ADDRESSEE COMPANY</u>	(Former employee, employee, customer, business partner, etc.)

B. YOUR RIGHT/S YOU WOULD LIKE TO EXERCISE

In the following table, please mark which one of the following right or rights you would like to exercise.

	I would like to know whether you process my personal data or not.
	If my personal data are processed, I request information about such processing.
	I would like to know the purpose of processing my Personal Data, and whether they are processed in accordance with the intended purpose or not
	I would like to get information on the third persons to whom Personal Data are transferred in the country or abroad
	I believe my Personal Data are processed in an incomplete and incorrect manner. I request correction.
	I request deletion or destruction of my Personal Data even though they are processed in accordance with PDPA and applicable legislation.
	In case my Personal Data are corrected or deleted or destroyed, I request you to inform such process to third persons who were transferred my Personal Data.
	Analysis of the data solely through automatic systems revealed results against me so, I would like to file an objection about these results.
	I suffered losses due to processing of my Personal Data in breach of the law and applicable legislation; therefore, I request compensation of such losses.

C. EXPLANATION ABOUT YOUR REQUEST

We request you to use this field to provide explanation on your request specified above and details containing personal data constituting subject matter of your request.

D. ANNEXES

Please list the documents substantiating or are related with your application and send them together with this Application Form.

E. PLEASE SPECIFY THE METHOD OF YOUR CHOICE FOR RECEIVING THE RESPOND TO YOUR APPLICATION.

<input type="checkbox"/>	Please send to my address
<input type="checkbox"/>	Please send via e-mail.
<input type="checkbox"/>	I will receive in person.

This Application Form has been prepared in accordance with PDPA and applicable legislation. We may request certain additional documents and information such as your identification document in case it is deemed necessary in addition to the Application Form, as we, data controller, attach importance to storage and establishing the security of the personal data in our possession in accordance with the law. We hereby acknowledge that we shall not assume any legal liability and you shall be held fully responsible in case information provided in the Application Form or information subsequently requested by us is incomplete, incorrect and untrue, or application is made by an unauthorized person.

**Data Subject/ applicant if application is made for and on behalf of Data Subject:
Name-Surname
Application date
Signature**