

## PLEKSUS PHARMACOVIGILANCE KVKK APPLICATION FORM

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History : .../.../.....

Your applications submitted to us will be answered within thirty days from the date your request reaches us, depending on the nature of the request, in accordance with paragraph 2 of Article 13 of the KVK Law . Our answers will be delivered to you in writing or electronically in accordance with the provision of Article 13 of the KVK Law.

Personal data owners (hereinafter referred to as the "Applicant") defined as the relevant person in the Personal Data Protection Law No. 6698 ("PDP Law") are granted the right to make certain requests regarding the processing of their personal data in Article 11 of the PDP Law.

Pursuant to the first paragraph of Article 13 of the PDP Law; Applications to be made to our Company, which is the data controller, regarding these rights must be submitted to us in writing or by other methods determined by the Personal Data Protection Board ("Board").

In this context, applications to be made to our Company in "written" form, by printing out this form;

- With the personal application of the Applicant,
- Through a notary public,
- The "secure electronic signature" defined in the Electronic Signature Law No. 5070 can be transmitted by the Applicant by using the mobile signature or the electronic mail address you have previously notified to our Company and registered in our systems.

Below is information specific to written application channels on how written applications will be delivered to us.

<b>Application Method</b>	<b>Application Address</b>	<b>Information to be Specified in the Application</b>
In-person application (The applicant must come in person and apply with a document proving his/her identity)	<b>Pleksus Pharmacovigilance Services and Clinical Trials Ltd. Sti.</b> Barbaros Mah. Tophaneliođlu Cad. Validebađ Konakları D2 Blok No.72B/41 34662 Üsküdar / İstanbul	"Information Request within the Scope of the Personal Data Protection Law" will be written on the envelope.
Notification through a notary public	<b>Pleksus Pharmacovigilance Services and Clinical Trials Ltd. Sti.</b> Barbaros Mah. Tophaneliođlu Cad. Validebađ Konakları D2 Blok No.72B/41 34662 Üsküdar / İstanbul	"Information Request within the Scope of the Personal Data Protection Law" will be written on the notification envelope.
By using a secure electronic signature, mobile signature or the electronic mail address you have previously notified to our Company and registered in our systems	<a href="mailto:pleksusfarmakovijilans@hs04.kep.tr">pleksusfarmakovijilans@hs04.kep.tr</a> <a href="mailto:farmakovijilans@pleksus.com.tr">farmakovijilans@pleksus.com.tr</a>	In the subject line of the e-mail, "Personal Data Protection Law Information Request" will be written.

*B. Please indicate your relationship with our Company. (Such as customer, supplier, patient, business partner, employee candidate, former employee, third-party company employee)*

<b>Name:</b>	
<b>Surname:</b>	
<b>TR Identity Number:</b>	
<b>Phone Number:</b>	
<b>E-Mail</b>	
<b>E-mail:</b>	
<b>Address:</b>	

- |                                    |                                  |
|------------------------------------|----------------------------------|
| <input type="checkbox"/> Customer  | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Employees | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Supplier  |                                  |

The Unit you are in contact with within our company: .....

Subject:.....

<input type="checkbox"/> Former Employee <i>Years I Have Been Working:</i> .....	<input type="checkbox"/> I Applied for a Job / Shared My Resume <i>Date :</i> .....
<input type="checkbox"/> Other: ..... .....	<input type="checkbox"/> I am a third-party company employee <i>Please specify the company you work for and the position information</i> .....

**History** : .../...../.....

**C. Please specify your request within the scope of the PDP Law in detail:**

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**D. Please select the method by which you will be notified of our response to your application:**

- I want it to be sent to my address.
- I want to receive it by hand.

(In case of receipt by proxy, there must be a notarized power of attorney or authorization document.)

This application form has been prepared in order to determine your relationship with our Company, to determine your personal data processed by our Company, if any, and to respond to your relevant application correctly and within the legal period. In order to eliminate the legal risks that may arise from unlawful and unfair data sharing and especially to ensure the security of your personal data, our Company reserves the right to request additional documents and information (copy of identity card or driver's license, etc.) for identification and authorization. If the information regarding your requests submitted within the scope of the form is not accurate and up-to-date or an unauthorized application is made, our Company does not accept responsibility for the requests arising from such incorrect information or unauthorized application.

Applicant (Personal Data Owner) Name :  
Surname :  
Application Date :  
Signature :

