

KÂR KATILIM ALTIN RAFİNERİSİ A.Ş. DATA CONTROLLER APPLICATION FORM

For requests under Article 11 of Law No. 6698

A. General Information

Under Articles 11 and 13 of the Law No. 6698 on the Protection of Personal Data (the "Law"), data subjects may submit requests concerning their personal data to the data controller, KÂR Katılım Altın Rafinerisi A.Ş. Use of this form is not mandatory; however, providing all of the required information below will facilitate the accurate and timely handling of the application.

No.	Application method	Application channel/address	Notes
1	Written application bearing a wet-ink signature	By hand, post/courier or through a notary public: Yarımburgaz Mah. 1. Cumhuriyet Cad. No: 50/1 Küçükçekmece/İstanbul, TÜRKİYE	Please write 'KVKK Data Subject Application' on the envelope or letter.
2	Registered Electronic Mail (KEP), secure electronic signature or mobile signature	katilimaltinrafinerisianonimsirketi@hs01.kep.tr	Subject: 'KVKK Data Subject Application'.
3	Email address registered in the Company's records	kvkk@karaltinrafinerisi.com	The application must be sent from the email address previously notified to the Company and registered in its records; otherwise, for application security and identity verification purposes, the Company may request additional information/documents or require the application to be submitted by another method.

Applications are concluded free of charge as soon as possible according to the nature of the request and no later than thirty (30) days from the date on which the application duly and verifiably reaches the Company. Where the process entails an additional cost, the Company may charge the fees set out in the tariff determined by the Personal Data Protection Board and may make fulfilment of the request conditional on payment of the fee.

B. Applicant Details

Full name	
T.R. Identification Number (Turkish citizens)	
Nationality (foreign applicants)	
Passport number or identity number, if any (foreign applicants)	
Residence or business address for service of notices	
Email address for notifications (if any)	
Telephone / fax number (if any)	

C. Relationship with the Company and Representation Details

Your relationship with the Company	☐ Customer ☐ Prospective customer ☐ Supplier ☐ Business partner ☐ Authorized person/representative/ultimate beneficial owner ☐ Employee/former employee ☐ Job applicant ☐ Visitor ☐ Other: _____
Department/person contacted and subject matter	
Full name and capacity of the attorney/representative, if applicable	
Attached representation/authorization document	☐ Power of attorney ☐ Parent/guardian document ☐ Other: _____

D. Your Request under Article 11 of the Law

Please tick the relevant right or rights:

- ☐ I would like to learn whether my personal data are processed.
- ☐ If my personal data have been processed, I request information about such processing.
- ☐ I would like to learn the purpose of processing my personal data and whether they are used in accordance with that purpose.
- ☐ I would like to know the third parties in Türkiye or abroad to whom my personal data have been transferred.
- ☐ I request rectification of my personal data that have been processed incompletely or inaccurately.
- ☐ I request the erasure or destruction of my personal data under the conditions set out in Article 7 of the Law.
- ☐ I request notification of any rectification, erasure or destruction to third parties to whom the data have been transferred.

- ☐ I object to a result arising against me as a consequence of analysis conducted exclusively through automated systems.
- ☐ I request compensation for damage suffered due to processing in breach of the Law.
- ☐ Other/explanation: _____

E. Details of the Request

Please describe your request, specifying the relevant transaction, date and department, together with any supporting documents:

F. Preferred Method of Response

- ☐ I would like the response to be sent to my address for service of notices.
- ☐ I would like the response to be sent to my email address registered in the Company's records.
- ☐ I would like to collect the response in person.
- ☐ I would like my attorney/representative to collect the response (authorization document must be attached).

G. Identity Verification and Processing of Application Data

Additional information or documents proportionate to the nature of the request may be requested to verify that the application has been made by an authorized person and that the response is delivered to the correct person. The original identity document may only be inspected; no copy of the identity document will be retained unless required by law, a specific security need or the nature of the application. If a copy must be provided, information not required for the request must be masked.

The personal data in this form are processed under Article 5(2)(ç), (e) and (f) of the Law for the purposes of receiving the application, verifying identity/authority, investigating and responding to the application, and complying with legal obligations. Where necessary, the data are shared with authorized personnel, legal counsel, group companies, external service providers and authorities empowered by law, and are retained for the general limitation periods in order to serve as evidence in potential legal disputes.

H. Declaration and Signature

I acknowledge and declare that the information I have provided in this form is accurate and up to date; that I am responsible for any civil and criminal liability arising from false or misleading information; and that additional information and documents necessary to evaluate my application may be requested in accordance with the principle of proportionality, and the statutory period will not begin to run until such information/documents have been completed.

Full name of applicant / representative	
Application date	
Signature (for written applications)	
Attachments	