DATA SUBJECT APPLICATION FORM

You can submit your requests within the framework of your rights listed in article 11 of the Personal Data Protection Law No. 6698, using one of the following methods in accordance with article 13 of the law and Pursuant to article 5 of the Notification on the Procedures and Principles of Application to the Data Controller. CURA MEDICAL CENTER (International Health Tourism Facilitator Institution) will respond to your request within 30 days in accordance with article 13 of Law No. 6698.

While submitting your request you need to provide certain identifying documentation, such as proof of residency and identity. If these documents cannot be confirmed, no positive response will be given. For detailed information, you can review our Personal Data Protection Policy at **https://www.curamedicalcenter.com**

Application Method	Requirements for Application	Application Address	Other Requirements
In person	You can apply to the address where our company operates in person by verifying your identity or through a proxy by presenting a letter of attorney. The application may also be with an application form or a petition, but it must have a wet signature.	CURA MEDICAL CENTER Yeşilova Mah. Aspendos Blv. Işık Plaza Akdeniz No:140 Muratpaşa, Antalya/ Türkiye	It will be submitted in a sealed envelope with "Information Request within the Framework of the Personal Data Protection Law" written on the envelope.
By Post	You can apply by sending a wet signed application form or a petition by post. If the application is made through a proxy with a notarized signature circular, the original letter of attorney must also be placed in the envelope.	CURA MEDICAL CENTER Yeşilova Mah. Aspendos Blv. Işık Plaza Akdeniz No:140 Muratpaşa, Antalya/ Türkiye	"Information Request within the Framework of the Personal Data Protection Law" will be written on the envelope.
Via Notary Public	You can apply in person or through a proxy. In this application, it should be stated by which method the answer is requested.	CURA MEDICAL CENTER Yeşilova Mah. Aspendos Blv. Işık Plaza Akdeniz No:140 Muratpaşa, Antalya/ Türkiye	
Via Registered Electronic Mail (KEP)	You can apply by sending your petition signed with your electronic signature from your KEP address. Unless otherwise stated, the answer will be sent to your KEP address.	bbgyazilimturizm@hs03.kep.tr	Please insert "Request within the Framework of the Personal Data Protection Law" in the subject line.
Via e-mail	If you have shared your e-mail address with our company before, you can apply through this e-mail address.	info@curamedicalcenter.com	Please insert "Request within the Framework of the Personal Data Protection Law" in the subject line.

Please complete the table below.

Name - Surname	
Turkish ID Number (Passport or Identity Number for Foreign Citizens)	
Telephone Number	
E-mail	
Address	
Your business relationship with our Clinic (patient, visitor, employee, former employee, employee candidate, business partner, third party firm, other)	
Please specify your request in detail and attach to this form	
Please check the appropriate box for receiving a reply to your application	□ I want the answer to be sent to my address □ I want to receive the answer by e-mail □ I want to receive the answer in person (In case of receipt by a proxy, a notarized power of attorney or certificate of authorization is required)

CURA MEDICAL CENTER receives the data regarding the above-mentioned applicant in order to be able to evaluate this application. The authority of the applicant, the nature of the application, the relationship of the applicant with CURA MEDICAL CENTER and what data are processed by CURA MEDICAL CENTER regarding the person concerned are saved in order to be able to fully determine and respond within the legal period. CURA MEDICAL CENTER reserves the right to request additional documents in order to evaluate accurately and to prevent the unlawful sharing of personal data. In the event that the information in the request is inaccurate, incomplete or out of date, the responsibility belongs to the applicant.

Applicant's (Data Subject) Name - Surname :

Application Date :

Signature :