

# APPLICATION FORM TO THE DATA CONTROLLER

## IRP SAVUNMA SANAYİ ARGE A.Ş.

Pursuant to Article 11 of Law No. 6698 on the Protection of Personal Data (the “Law”), data subjects (hereinafter referred to as the “Applicant”) have the right to:

- a) Learn whether their personal data are being processed;
- b) Request information regarding the processing, if their personal data have been processed;
- c) Learn the purpose of the processing of their personal data and whether such data are used in accordance with such purpose;
- d) Be informed of the third parties, in Türkiye or abroad, to whom their personal data have been transferred;
- e) Request the rectification of their personal data if they have been processed incompletely or inaccurately;
- f) Request the erasure or destruction of their personal data within the framework of the conditions set out in Article 7 of the Law;
- g) Request that the rectification, erasure or destruction carried out pursuant to subparagraphs (e) and (f) above be notified to the third parties to whom their personal data have been transferred;
- h) Object to any outcome adverse to them which results from the analysis of their personal data exclusively through automated systems;
- i) Claim compensation for any damage they suffer as a result of the unlawful processing of their personal data.

Pursuant to Article 13(1) of the Law, applications for the exercise of these rights must be submitted to the data controller, **IRP SAVUNMA SANAYİ ARGE A.Ş.** (the “**Company**”), in writing in person or through a notary public; through a registered electronic mail (KEP) address; by secure electronic signature or mobile signature; through an e-mail address that the Applicant has previously notified to the Company and which is registered in the Company’s systems; through a software or application developed for application purposes; or by any other method determined by the Personal Data Protection Authority.

The Company shall, free of charge, finalise the requests contained in the application within thirty (30) days at the latest, depending on the nature of the request, calculated from the date of service of the application on the Company or its representative in the case of written applications, or from the date the application reaches the Company in the case of applications made by other means. However, should the relevant procedure entail an additional cost, the Company reserves the right to charge the fee specified in Article 13 of the Law.

Where the Applicant's request is granted, the Company shall comply with the requirements of the request as soon as possible and shall notify the Applicant by one of the methods selected on the form.

Applicants wishing to receive information through registered electronic mail (KEP) shall complete the form below and submit it to *irpsavunmasanayiarge@hs01.kep.tr*. Applicants wishing to receive information by ordinary e-mail shall transmit the form to *kvkk@irpss.com*, indicating in the subject line: "Information Request under the Law on the Protection of Personal Data".

Applicants wishing to apply by post shall send the form to *kvkk@irpss.com*.

## APPLICATION FORM

This application form has been prepared in order to identify your relationship with IRP SAVUNMA SANAYİ ARGE A.Ş., to determine, where applicable, the personal data processed by the Company in their entirety, and to enable a response to your application within the statutory time limit. With a view to eliminating the legal risks and consequences that may arise from unlawful and unauthorised data sharing, and in particular to ensure the security of your personal data, the Company reserves the right to request additional documents (such as a copy of an identity card or driving licence) and information for the purpose of identification and authority verification.

Where the information you submit through this form is incomplete, inaccurate or out of date, or where an unauthorised application is filed, IRP SAVUNMA SANAYİ ARGE A.Ş. shall not accept any liability arising from such incorrect information or unauthorised application.

### A. Applicant's Contact Information

- Full Name: [ ..... ]
- Turkish ID Number: [ ..... ]
- Telephone Number: [ ..... ]
- E-mail Address: [ ..... ]
- Address: [ ..... ]

### B. Please indicate your relationship with IRP SAVUNMA SANAYİ ARGE A.Ş. by ticking the relevant box.

- Customer
- Employee
- Visitor
- Business Partner
- Former Employee (Period of employment: .....)
- Job Applicant / CV Submission (Date of application/submission: .....)



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**D. Please select the method by which you wish to receive our response to your application.**

- I would like the response to be sent to my postal address.
- I would like the response to be sent to my e-mail address.
- I would like to collect the response in person. (Where collection is made by proxy, a notarised power of attorney or authorisation document must be presented.)

**E. Applicant**

• **Full Name:** [ ..... ]

• **Date of Application:** [ ..... ]

**Signature:** \_\_\_\_\_