



DATA SUBJECT APPLICATION FORM

Information About the Individual Submitting the Request Regarding the Use of Personal Data Rights:

Name - Surname:			
T.R. ID No:			
Tax ID No.:			
E-maill Address:			
Phone No.:			
Address:			
Relationship with the Institution:	<input type="checkbox"/> Customer/Customer Representative/Customer Shareholder	<input type="checkbox"/> Business Partner/Business Partner Representative/Business Partner Shareholder	<input type="checkbox"/> Supplier/Supplier Representative/Supplier Shareholder
	<input type="checkbox"/> Visitor	<input type="checkbox"/> Supplier/Business Partner Employee	<input type="checkbox"/> Employee Candidate
	<input type="checkbox"/> Former Employee	<input type="checkbox"/> Guarantor	<input type="checkbox"/> Other:.....
	Name of the Legal Entity You Are Associated With (if applicable):		
Branch Applied (if applicable):			
Requested Right to be Exercised: <i>(Please select from the list below.)</i>	<input type="checkbox"/> (1) To learn whether personal data is being processed <input type="checkbox"/> (2) To request information if personal data has been processed <input type="checkbox"/> (3) To learn the purpose of processing personal data and whether it is used in accordance with its purpose <input type="checkbox"/> (4) To know the third parties to whom personal data has been transferred domestically or abroad <input type="checkbox"/> (5) To request correction of personal data if it is incomplete or incorrectly processed <input type="checkbox"/> (6) To request the deletion or destruction of personal data <input type="checkbox"/> (7) To request notification of the correction, deletion, or destruction of personal data to third parties to whom the data has been transferred <input type="checkbox"/> (8) To object to any outcome that arises against the person solely through the analysis of processed data via automated systems <input type="checkbox"/> (9) To request compensation for damages in case of loss due to unlawful processing of personal data		
Explanations Regarding the Application:			
Preferred Method of Communication for Response:	<input type="checkbox"/> Post	<input type="checkbox"/> E-mail	<input type="checkbox"/> KEP (Registered Electronic E-mail)

KALE JET MOTORLARI SANAYİ A.Ş.
 Sanayi Mahallesi Teknopark Bulvarı 1/10C İç Kapı No: 139 Pendik / İstanbul
www.kalejetengines.com

Kale Jet Engines

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You can send this form fully completed via registered mail or through a notary public to the address of **KALE JET MOTORLARI SANAYİ A.Ş.** provided below. Alternatively, you can sign the form with your secure electronic signature or send it from your previously registered and verified email address to kvkk@kalejetengines.com, or send it from your Registered Electronic Mail (KEP) account to kalearge@hs01.kep.tr.

To ensure timely responses to your request, you must complete all information in this form accurately. If you are requesting rights (5), (8), or (9), you must fill in the explanation section of the form, provide detailed information about your request, and share any relevant documents. In the absence of the required information, you will be requested to provide the missing details. Please note that this may lead to an extension of the response time for your application.

Additionally, you can submit your request by delivering a written petition clearly outlining your request to our company or by using other methods specified in the "Communiqué on the Procedures and Principles of Application to the Data Controller."

To receive a response to your application, you may be required to fulfill specific identity verification requirements. Kale Jet Motorlari Sanayi A.S. is not responsible for damages arising from incorrect information entered in this form.

If applying through a proxy, please attach a notarized power of attorney to this form.

For further information, please visit the web site of Kale Jet Motorlari Sanayi A.S. at www.kalejetengines.com.

Address to Send Applications:

Sanayi Mahallesi Teknopark Bulvarı 1/10C İç Kapı No: 139 Pendik / İstanbul

APPLICANT'S NAME-SURNAME / TITLE:

DATE: / /

SIGNATURE:

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