Çinik Polikliniği

I. Applicant's Info	ID No	
	Name - Surname	
	Date of Birth	
	Phone No	
	Address	

☐ I, the data owner (I request my own data)

I, the data owner's relative (I require datas of my relative)

☐ Specify your relationship*:

* If you are a legal representative, please send the relevant decision as an attachment.

Note: In order to ensure the security of your personal data, additional documents (Identity Card, etc.) may be requested for identification.

II. Relation With The Institution

Please tick the option below that matches your interest in our institution.

☐ Patient / Patient's Relatives   ☐ Employee / Former Employee/ Applicant   ☐ Supplier/ Company Employee

For patients	For employees	For suppliers
Last visited united;	Situation; ☐ Current Employee ☐ Former Employee ☐ Applicant	Name of the company you work for;
Application deadline;	Working period (year); Application year of applicant;	Your position in the company;

III. Information On Demand

Please make a statement regarding the personal data and reason for requesting it.

Please pick a method to contact you.

Send my address   Send an e-mail

☐   ☐

E-mail: …………………….

☐ Would like to receive it personally

To Be Filled By The Demandant		To Be Filled By The Institute	
Date of Demand		Delivery Date	
Name - Surname		Name - Surname	

Statement: Pursuant to Article 11 of the Personal Data Protection Law (KVKK), by filling out this form, your requests regarding your personal data can be written, by hand and via notary public sent to Dikilitaş Mahallesi Ayazmaderesi Caddesi No:4 Kat: 1, 34349 Beşiktaş/ İstanbul or insankaynaklari@emrahcinik.com, you can send it to ercestetik@hs01.kep.tr with your secure electronic signature, mobile signature registered e-mail or your e-mail address registered in our systrem. The information and documents you specify in this form are requested in order to determine your relationship with our institution and give a complete response within the legal period.