



GENERAL EXPLANATIONS

The right to make requests regarding the processing of personal data to personal data owners or their legal representatives (“**Applicant**” or “**Relevant Person**”) defined as the relevant person within the scope of the Personal Data Protection Law No.6698 (“**KVKK**” or “**Law**”), is regulated in Article 11 of the KVKK.

In accordance with the first paragraph of Article 13 of the KVKK; The applications to be made to the **Odunpazari Modern Museum (“OMM”)**, which is the data controller, regarding these rights must be submitted in writing or by other methods determined by the Personal Data Protection Board (“**Board**”). According to the nature of your request; it will be answered as soon **as possible or within thirty days at the latest from the date it reaches OMM**. However, if the transaction requires an additional cost, a fee may be charged as per Article 7 of the Communiqué.

APPLICATION METHOD

- **Application by Post or Personally:** You can apply to the address of Şarkıye Mahallesi Atatürk Bulvarı No: 37 Odunpazarı / Eskişehir in person or by post together with the application form filled and signed by the applicant and documents certifying the identity.
- **Application by Registered Electronic Mail (REM):** Application can be made by the applicant by sending it to the address omm@hs03.kep.tr after signing with the “secure electronic signature” defined in the Electronic Signature Law No. 5070.
- **Application by Electronic Mail Using Mobile Signature or Secure Electronic Signature:** An application can be made by sending an e-mail to kvkk@omm.art by filling out the “Application Form” or a petition signed by the Applicant with a mobile signature or secure electronic signature.

*We remind you that if you write “**Information / Change Request within the Scope of the Law on Protection of Personal Data**” on the application envelope or in the subject part of the electronic mail, you can get a faster response.*

In addition, applications can be made by notary or legally valid methods that provide the opportunity to verify the identity. It is recommended to comply with the above-mentioned issues in applications to the extent that the method allows, since it will increase the likelihood of the application to be concluded in a positive and short time.



APPLICATION FORM

RELATED PERSON INFORMATION	
Name Surname:	
Naionality:	<input type="checkbox"/> Turkey <input type="checkbox"/> Other If other, please specify:
ID No:	
Passport Number / Foreigner Identity Number:	
Address:	
REM (Registered Electronic Mail) address:	
E-mail address:	
Telephone No / Fax No:	

YOUR RELATIONSHIP WITH OMM	
<input type="checkbox"/> Visitor	Explanation:
<input type="checkbox"/> Guest	Explanation:
<input type="checkbox"/> Member	Explanation:
<input type="checkbox"/> Other	Explanation:



APPLICATION CONTENT

Application Data Officer	Odunpazarı Modern Museum Şarkıye Mahallesi Atatürk Bulvarı No: 37 Odunpazarı / Eskişehir
Request Subject to be Submitted within the Scope of the Application	<p><input type="checkbox"/> If my personal data has been processed, I request information regarding this.</p> <p><input type="checkbox"/> I want to know the purpose of processing my personal data and whether they are used for their intended purpose.</p> <p><input type="checkbox"/> I want to learn about the third parties to whom my personal data is transferred domestically or abroad.</p> <p><input type="checkbox"/> I want my personal data to be deleted or destroyed or anonymized within the framework of the stipulated conditions of the law.</p> <p><input type="checkbox"/> I want my personal data to be corrected due to incomplete or incorrect processing.</p> <p>(Please provide detailed information about the personal data you want to be corrected in the explanation section)</p> <p><input type="checkbox"/> If there is a change in my personal data upon my request, I want the third parties to whom my personal data is transferred to be notified.</p> <p><input type="checkbox"/> I request the compensation of the damage I have suffered due to the illegal processing of my personal data.</p> <p>(Please provide detailed information in the description section about which data processing activity, when and how your loss occurred)</p>
EXPLANATIONS: <i>In order for your application to be answered properly, the scope of application must be specific, clear and understandable.</i>	
ANNEXES: <i>Please indicate if you share information and documents in the attachment.</i>	



Response Method to Your Application:

(If no response method is preferred, the application will be answered with the same method it was submitted.)

I want it to be sent to my address.

(By delivery to the address specified in the application)

I want it to be sent to my e-mail address specified in the application form.

(If you choose the electronic mail method, we will be able to respond to you faster.)

I want to receive it by hand.

(In case of receipt by proxy, it must have a notarized power of attorney or a certificate of authorization.)

This application form has been arranged so that your requests can be answered accurately, completely and within the time specified by law. As a data controller, we reserve the right to request additional documents and information (identity card or driver's license copy, etc.) for identification and authorization determination in order to prevent unauthorized access to personal data by making an application and to ensure the security of your personal data. If the information regarding your requests submitted under the form is not accurate and up-to-date, with incorrect / misleading information or an unauthorized application, your application will be rejected and legal action will be taken against the person who committed an illegal transaction.

Date:	
Applicant Name Surname:	
Signature: <i>E-signature can be used in applications made through REP.</i>	
<i>Attach the information regarding the relationship with the applicant and / or the power of attorney, the identity register copy or the relevant document to your application.</i>	