PERSONAL DATA ERASURE / DESTRUCTION REQUEST FORM

1. DATA CONTROLLER INFORMATION

(Please enter the trade name and official address of the company or institution from which you request the erasure of your data)

- **Data Controller (Company/Institution Name):**
- **Address:**

2. APPLICANT (DATA SUBJECT) INFORMATION

- **Full Name:**
- **National ID No / Passport No:**
- **Phone Number:**
- **E-mail Address:**
- **Notification Address:**

3. SUBJECT MATTER OF THE REQUEST *(Please check the box that applies to your situation and provide details)*

- [ ] The legal grounds requiring the processing of my personal data no longer exist.
- [ ] I am withdrawing my explicit consent previously granted for the processing of my personal data.
- [ ] I believe that my processed personal data is incomplete or inaccurate, and I request its correction/erasure.
- [ ] Other *(Please specify)*:

Data Requested to be Erased: *(e.g., My phone and address details in the customer database, my membership records, etc.)*
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4. NOTIFICATION PREFERENCE FOR THE REQUEST OUTCOME

(Pursuant to the KVKK, your request must be responded to within 30 days.)

- [ ] I request the response to my application to be sent to my e-mail address.
- [ ] I request the response to my application to be sent to my postal address.

5. DECLARATION AND STATEMENT

Pursuant to the Law No. 6698 on the Protection of Personal Data ("KVKK"), I hereby request the lawful erasure, destruction, or anonymization of my personal data processed by your company/institution acting in the capacity of Data Controller.

I hereby declare and undertake that the information I have provided to you in this application is accurate and up to date, and I request that my demand be evaluated within the framework of the applicable legislation.

- **Application Date:** ... / ... / 20...
- **Full Name:**
- **Signature:**