

DATA SUBJECT APPLICATION FORM

you may submit your requests regarding your rights listed in Article 11 of the Law on the Protection of Personal Data numbered 6698 ("Law"), using one of the methods described below through this form with the heading "Personal Data Protection Information Request".

APPLICATION METHOD	Address
Application in Writing	Levazım, Zorlu Center, Kuru Sokađı, 34340 Beşiktaş/İstanbul
Application via the e-mail address available in our system	bookus.istanbul@raffles.com
Via Registered Electronic Mail (KEP)	zorluyapi.otel@hs03.kep.tr

Your Identity and Contact Information

In accordance with the Communiqué on Application Procedures and Principles to the Data Controller, please fill in the fields below.

**Required field*

Name and surname * :	
Turkish Identity Number * :	
Passport Number or Identity Number for Citizens of Other Countries *:	
Mobile Phone Number *:	
E-mail Address*:	
Address of the Main Place of Notification / Office address:	
Fax Number:	

Your Relationship with Our Company

- Business Customer Officer/Employee
 Customer
 Employee
 Former Employee
 Other: _____

Request Subject

Please indicate your request regarding your personal data below. Information and documents related to the subject should be attached to the application.

Yanıtın Tarafınıza Bildirilme Yöntemini Seçiniz

- I wish the reply to be sent to my postal address that I provided in this form.

- | |
|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I wish the reply to be sent to my e-mail address that I provided in this form. |
| <input type="checkbox"/> I wish the reply to be sent to my fax number that I provided in this form. |

Applicant's (Data Subject)

Name & Surname :

Application Date :

Signature :