

*All of my personal data, biometric data, all personal data and/or personal data of special nature including my medical data, corporate, commercial or other data that I have passed on to your Company or the data that your Company's subsidiaries have obtained in the framework of procedures and all documents that contain my data; Company affiliates and their sub establishments; employees, company personnel, legal, financial and tax consultants, inspectors, the parties that provide services to complement or extend company activities, support service institutions, contracted organizations and authorized public institutions such as judicial authorities and with persons, institutions and establishments in line with the provisions of the legislation, including domestic and international transactions that include member operations if required, the execution and development of all these transactions, fulfillment of the obligations we have concluded for these agreements, intelligence, information research and evaluation, planning, statistics, ensuring security, information storage, reporting, compliance to notification obligations and in order to provide better and more secure service to you and develop appropriate and sustainable services and products, I CONSENT TO THE NOTIFICATION AND TRANSFER OF DATA, and in line with these purposes, to the obtaining, collecting, recording, storing, altering, transferring and processing through fully or partially non-automated means by the DATA CONTROLLER AND DATA PROCESSOR, company, company subsidiaries and sub establishments and by parties employed to complement or extend business activities.*

*I accept and declare that I am authorized to give my data without directly or indirectly violating obligations of privacy in regards to the law or contracts, and that I have lawfully obtained in accordance with the legislation the necessary approvals from third parties including Group companies stated in this consent form and that my related data has been obtained lawfully.*

*I have read the Notification Document regarding the protection of my personal data. In the context of the information given to me, I accept the processing and sharing of my data under the conditions stated above.*

*Date*

*Name SURNAME*

*Signature*

*I accept*

*I do not accept*