

DATA OWNER APPLICATION FORM

DETAILS OF THE APPLICANT

NAME AND SURNAME*	
NATIONAL IDENTITY NUMBER* (nationality and passport number for foreigners or TCKN)	
EMAIL ADDRESS AND PHONE NUMBER FOR NOTIFICATIONS	
RESIDENCE OR BUSINESS ADDRESS FOR NOTIFICATIONS *	

PLEASE INDICATE YOUR RELATION WITH OUR ORGANIZATION*

<p><input type="checkbox"/> VISITOR</p> <p><input type="checkbox"/> BUSINESS PARTNER</p> <p><input type="checkbox"/> EMPLOYEE</p> <p><input type="checkbox"/> TRAINEE LAWYER</p> <p><input type="checkbox"/> SUPPLIER</p> <p><input type="checkbox"/> CLIENT</p> <p><input type="checkbox"/> OTHER</p> <p>THE UNIT OR THE PERSON YOU CONTACTED WITHIN OUR ATTORNEY PARTNERSHIP</p>	<p><input type="checkbox"/> FORMER EMPLOYEE</p> <p>Please indicate the year and position you worked</p> <p><input type="checkbox"/> EMPLOYEE CANDIDATE – JOB APPLICATION</p> <p>Please indicate the date of application and the position you applied for:</p> <p><input type="checkbox"/> THIRD PARTY EMPLOYEE</p> <p>Please indicate the company / institution name.</p>
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PLEASE INDICATE YOUR REQUEST AS DETAILED UNDER THE LAW OF PROTECTION OF PERSONAL DATA NO 6698 IN THE FOLLOWING FIELD.*

A large empty rectangular box with a black border, intended for the user to provide details of their request under the Law of Protection of Personal Data No 6698.

CHOOSE THE METHOD YOU WANT TO RECEIVE THE REPLY TO YOUR APPLICATION*

- I WANT IT TO BE SENT TO MY ADDRESS.**
- I WANT IT TO BE SENT TO MY E-MAIL ADDRESS.**
(This option may speed up the process.)
- I WANT HAND DELIVERY.**
- I WANT TO TAKE IT THROUGH MY ATTORNEY (IN PERSON).**
(A notarized power of attorney is required)

As per the article 13 of the KVK (Privacy Act), AEB answers the requests of the data owners regarding their personal data free of charge within thirty (30) days at the latest according to the nature of the request. If the request requires an additional cost, the fee in the tariff determined / to be determined by the Personal Data Protection Board will be charged.

By examining your request, AEB has the right to accept or refuse it by explaining its reason. The justification for rejection is notified to you, as an applicant, in writing or electronically. If the request in your application is accepted, AEB fulfills the requirements.

Additional information and requests are reserved for AEB to evaluate the Data Owner Application Form. The information and requests in the Data Owner Application Form must be accurate and up-to-date. In case the information is not accurate and up-to-date or an unauthorized application is made, AEB does not accept any responsibility.

THE APPLICANT (PERSONAL DATA OWNER)*

NAME SURNAME _____ :

DATE OF APPLICATION _____ :

SIGNATURE _____ :

** Field Must Be Filled*