

## APPLICATION FORM OF DATA PROTECTION REGULATION

### ("Application Form")

#### **General Explanation:**

For personal data owner, ("Data Owner", "You") as defined in the Law on the Protection of Personal Data numbered 6698 and EU General Data Protection Regulation (hereafter both of the regulations are referred as "Regulation"), certain rights are granted.

In this context, as a Data Owner who demands to use the rights from the Regulation, you will be entitled to claim your right on uBUCK Technologies SEZC. ("Company") who acts as data controller, by one of the following methods or by other methods to be determined by the Protection of Personal Data Board:

a) by filling in and wet-ink signing the Application Form at [support@ubuckpay.com](mailto:support@ubuckpay.com) and transmitting it to the head office address at uBUCK Technologies SEZC, Strathvale House 5th Floor, 90 North Church Street, Georgetown, Cayman Islands, KY1-1003 (By submitting it in person with the incentive certificate of the applicant's identity).

b) by after filling in the Application Form and signing with the "secure electronic signature" and sending the secure electronic signed form to the e-mail address [support@ubuckpay.com](mailto:support@ubuckpay.com) and (*The "Personal Data Protection Information Request" will be written in the Owner of the e-mail.*)

c) by after filling in the Application Form and signing it with wet-ink signature and sending it to uBUCK Technologies SEZC, Strathvale House 5th Floor, 90 North Church Street, Georgetown, Cayman Islands, KY1-1003 via notary public (*"Information Request Within the Scope of Personal Data Protection" will be written in the notification envelope.*)

In order to make the necessary researches and evaluations about your application and to develop solutions for the Owner, you have to fill in the following areas in an accurate and complete way.

#### **A. The contact details of the applicant Data Owner :**

**Name-Surname:**

**Date of Birth:**

**Nationality:**

**Passport Number or Nationality ID Number:**

**Telephone Number:**

**E-mail Address:**

**Address:**

#### **B. Contact information of the authorized person making the application on behalf of the Data Owner:**

**Name-Surname:**

**Date of Birth:**

**Nationality:**



**Applicant (Personal Data Owner)**

**Name Surname :**

**Date of Application :**

**Signature :**