APPLICATION FORM UNDER THE LAW ON THE PROTECTION OF PERSONAL DATA

Application Date: ..... / ..... / .....

• □ Request for "Personal Data" of oneself

• □ Request for "Personal Data" of another person (In case the individual is under 19 years old, the request should be made by a parent or legal guardian; if the individual is under guardianship, the request must be made by the guardian, or a person authorized by a clear power of attorney.)

A. Contact Information of the Applicant:

- Full Name: .....
- Signature:.....
- Date of Birth:...../ ..... / .....
- National ID Number: .....
- Phone Number:
  .....
- Email Address:
  .....
  ....
- Address:
  .....
  .....

B. Owner of the Requested Personal Data:

- Full Name:
  .....
  .....
- Date of Birth:...../ ..... / .....
- National ID Number: .....
- Phone Number:
  .....
- Email Address:
  .....
  ....
- Address:
  .....
  .....

C. Please specify your relationship with OncoRoad.

("Patient, former employee, third party, employee of a service provider for OncoRoad" etc.)

For OncoRoad service recipients:

• ☐ I had an online consultation

• ☐ I received consultancy

• ☐ Other: .....

Health Units from which the service was received:

•.....

•.....
.....

For OncoRoad employees:

• ☐ I am a current employee

• ☐ I am a former employee (Years worked: .....)

• ☐ Other: .....

D. Please specify your request under the scope of the Personal Data Protection Law in detail:

•.....

•.....
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•.....
•.....
.....
•.....
•.....
.....

E. Please select the method by which you would like to receive our response to your application:

- □ I want it sent to my address.
- □ I want it sent to my email address.
- □ I want to collect it in person.

F. Explanation

By filling out this form,

- You can personally deliver a signed copy to [Address], or send it through a notary,
- You can submit it to [Email Address] via secure electronic or mobile signature, or through your registered email address or the email address registered in our system.

This application form has been prepared to determine your relationship with OncoRoad and, if applicable, to ensure that your request regarding your personal data processed by OncoRoad is answered accurately and fully within the legal timeframe. To avoid legal risks from unlawful and improper data sharing and to ensure the security of your personal data, OncoRoad reserves the right to request additional documents and information (such as a copy of an ID card or driver's license) for identity and authorization verification.

OncoRoad accepts no responsibility for requests based on incorrect or outdated information, or unauthorized applications, nor for any issues arising during the sending of our responses to the addresses you have provided.

To be completed by OncoRoad:

- Date: ..... / ..... / .....
- Name and Surname of the Recipient: .....
- Signature: .....