

**EXPLICIT CONSENT FORM
IN THE CONTEXT OF PERSONAL DATA PROTECTION LAW**

Data Controller, **Angel Eye Sağlık Turizm Uluslararası Danışmanlık Ticaret Anonim Şirketi (hereafter “ANGEL EYE”)** resides in the address of **Güvenevler Mahallesi., Cinnah Caddesi., No: 38/8 Çankaya/Ankara** can share your name-surname, e-mail address, telephone number, address, gender, date of birth, nationality, health problem history, travel disability status, health report, blood type, disability status information, birth report, drug usage information, past surgery information, prosthesis information, examination information, photographs of past health problems, hospital reports and laboratory results, information on sexual life, in accordance with the Client Explicit Consent Form -01 AE submitted to your information by the data controller in accordance with the relevant provisions of the Personal Data Protection Law No. 6698 ("Law No.6698") to foreign data-based communication service providers such as Google, Yandex, Facebook (WhatsApp), and Microsoft for the realization of operational activities, to foreign data-based cloud computing archive and storage service providers for the realization of archive and storage activities, and can be shared with third party business partners for the realization of accounting and financial transactions, taking into account Articles 8 and 9 of Law No. 6698.

For the realization of communication activities by ANGEL EYE that I have given to ANGEL EYE within the scope of the service process; name-surname, citizenship number, address, telephone number, fee, signature, passport copy, account and IBAN number, e-mail address, marital status, insurance, ticket, baggage, PNR number, location, visa, foreign language proficiency, occupation, gender, date of birth, nationality, health problem history, travel disability status, health report, blood type, disability status information, birth report, drug usage information, past surgery information, prosthesis information, examination information, photographs of past health problems, hospital reports and laboratory results, sexual life information Google, I hereby declare and undertake that I have given my explicit consent to the transfer to foreign data-based communication service providers such as Yandex., Facebook (WhatsApp), and Microsoft.

I HAVE READ, I APPROVE

I HAVE READ, I DO NOT
APPROVE

I hereby declare and undertake that I have given my explicit consent to ANGEL EYE to share, store, archive, and modify my name-surname, citizenship number, address, phone number, fee, signature, passport copy, account and IBAN number, e-mail address, insurance, visa, ticket, baggage, PNR number, travel disability status information with third party business partners in order to perform accounting and financial transactions.

I HAVE READ, I APPROVE

I HAVE READ, I DO NOT
APPROVE

I hereby declare and undertake that I have given my explicit consent to ANGEL EYE to share, store, archive, and modify my name-surname, gender, date of birth, nationality, health problem history, travel disability status, health report, blood group, disability status information, birth report, drug usage information, past surgery information, prosthesis information, examination information, photographs of past health problems, hospital reports and

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laboratory results, information on sexual life with third party business partners for the management and realization of the diagnosis and treatment plans to be applied.

I HAVE READ, I APPROVE

I HAVE READ, I DO NOT
APPROVE

I hereby declare and undertake that I have given to ANGEL EYE within the scope of the service process; Name-surname, e-mail address, telephone number, address, gender, date of birth, nationality, health problem history, travel disability status, health report, blood group, disability status information, birth report, drug usage information, past surgery information, prosthesis information, examination information, I give my explicit consent to share, store, archive, and modify of photographs, hospital reports and laboratory results related to past health problems, information on sexual life with foreign data-based cloud computing service providers for archiving and storage activities.

I HAVE READ, I APPROVE

I HAVE READ, I DO NOT
APPROVE

I hereby declare and undertake that I have explicit consent to the use, share, store, archive, and modify my name-surname, e-mail address, telephone number, address information that I have provided to ANGEL EYE within the scope of the service process for the purpose of conducting advertising and campaign processes.

I HAVE READ, I APPROVE

I HAVE READ, I DO NOT
APPROVE