

DATA OWNER APPLICATION FORM

Name Surname	
Adress	
Phone Number	
E-mail	

You can write your application subject and request below

Please mark the communication channel through which you would like to receive the result of your request.	
Send the result to my email account	<input type="checkbox"/>
Have the result mailed to my address	<input type="checkbox"/>

DATA OWNER	
Name Surname	
Application Date	
Signature	