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|  | ISO 27001:2022<br>APPLICATION SUPPLEMENTARY<br>INFORMATION FORM | Document No      | FR-221     |
|                                                                                  |                                                                 | Publication Date | 05/08/2023 |
|                                                                                  |                                                                 | Revision No      | 04         |
|                                                                                  |                                                                 | Revision Date    | 03.03.2026 |

| SELECT YOUR INDUSTRY.                  |                                                     |                                  |                                     |
|----------------------------------------|-----------------------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Energy                     | <input type="checkbox"/> Finance | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Services      | <input type="checkbox"/> Logistics / Transportation | <input type="checkbox"/> Defense | <input type="checkbox"/> Other      |

| INFORMATION ABOUT YOUR MANAGEMENT SYSTEM      |                                                     |                                                    |
|-----------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| Management System Policy Document Information | Risk and Opportunity Procedure Document Information | Risk and Opportunity Analysis Document Information |
|                                               |                                                     |                                                    |
| Applicability Statement Document Information  | Not Applicable Article / Control (if applicable)    | Online Communication Tools                         |
|                                               |                                                     |                                                    |
| Last Internal Audit Date                      | Last Mnagement Review Date                          | Audit Language                                     |
|                                               |                                                     |                                                    |

| NUMBER OF PERSONNEL                               |  |                                                          |  |
|---------------------------------------------------|--|----------------------------------------------------------|--|
| Within the Organization                           |  | Within the Scope of Service Procurement (Subcontracting) |  |
| White-Collar                                      |  | White-Collar                                             |  |
| Blue-Collar                                       |  | Blue-Collar                                              |  |
| Total                                             |  | Total                                                    |  |
| Number of Shifts (if applicable)                  |  |                                                          |  |
| Are there any process differences between shifts? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                                                                  |                                                                                                                                                  |                  |            |
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| NUMBER OF EMPLOYEES <b>PER DEPARTMENT</b> WITHIN THE SCOPE OF CERTIFICATION                                           |                                                                                                                    |                         |                                        |       |                                         |                                    |       |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------|-------|-----------------------------------------|------------------------------------|-------|
| <b>Within the Scope<br/>Units / Departments</b><br>(You can change the departments<br>according to your organization) |                                                                                                                    | Within the Organization |                                        |       | Within the Scope of Service Procurement |                                    |       |
|                                                                                                                       |                                                                                                                    | Manager/<br>Director    | Specialist,<br>Assistant<br>Specialist | Other | Manager<br>/<br>Director                | Expert,<br>Assistant<br>Specialist | Other |
| Human Resources                                                                                                       | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| Purchasing                                                                                                            | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| Physical Security                                                                                                     | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| Information Technology                                                                                                | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| Quality                                                                                                               | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| Sales                                                                                                                 | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| Production                                                                                                            | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| Logistics                                                                                                             | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| Warehousing                                                                                                           | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| R&D                                                                                                                   | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| Finance                                                                                                               | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| Accounting                                                                                                            | This department;<br><input type="checkbox"/> Works remotely<br><input type="checkbox"/> Works in a physical office |                         |                                        |       |                                         |                                    |       |
| .....                                                                                                                 |                                                                                                                    |                         |                                        |       |                                         |                                    |       |
| .....                                                                                                                 |                                                                                                                    |                         |                                        |       |                                         |                                    |       |
| .....                                                                                                                 |                                                                                                                    |                         |                                        |       |                                         |                                    |       |
| .....                                                                                                                 |                                                                                                                    |                         |                                        |       |                                         |                                    |       |
| <b>TOTAL</b>                                                                                                          |                                                                                                                    |                         |                                        |       |                                         |                                    |       |
| <b>GRAND TOTAL</b>                                                                                                    |                                                                                                                    |                         |                                        |       |                                         |                                    |       |

|                                                                                  |                                                                                      |                  |            |
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| YOUR LEGAL OBLIGATIONS                |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| LAWS                                  |                                       |                                       |
| <input type="checkbox"/> Law No. 4857 | <input type="checkbox"/> Law No. 5651 | <input type="checkbox"/> Law No. 213  |
| <input type="checkbox"/> Law No. 1475 | <input type="checkbox"/> Law No. 6698 | <input type="checkbox"/> Law No. 6279 |
| <input type="checkbox"/> Law No. 5237 | <input type="checkbox"/> Law No. 6102 | <input type="checkbox"/> Law No. 5846 |
| <input type="checkbox"/> Law No. 5070 | <input type="checkbox"/> Law No. 6098 | <input type="checkbox"/> Law No. 5809 |
| <input type="checkbox"/> Law No. 5809 | <input type="checkbox"/> Law No. 1774 | <input type="checkbox"/> Law No. 4458 |
| <input type="checkbox"/> Law No. 4632 | <input type="checkbox"/> Law No. 7545 | <input type="checkbox"/> Law No. 5510 |
| <input type="checkbox"/> Law No. 6331 | <input type="checkbox"/> Law No. 3308 | <input type="checkbox"/> Other        |
| Circular, Regulation, Directive, etc. |                                       |                                       |
| <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              |
| <input type="checkbox"/>              | <input type="checkbox"/>              | <input type="checkbox"/>              |

| ORGANIZATION AND OPERATING STATUS                                                                                                      |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Physical Office / Workspace                                                                                   | <input type="checkbox"/> Virtual Office (Address Display) |
| • If a dedicated workspace is rented from a virtual office service provider, it is excluded from the scope of virtual office services. |                                                           |
| WORKING STATUS                                                                                                                         |                                                           |
| <input type="checkbox"/> On-site Work                                                                                                  | <input type="checkbox"/> Remote Work                      |
| <input type="checkbox"/> Hybrid                                                                                                        |                                                           |

| OPERATING SYSTEMS                                                                        |                                           |                                 |                                  |
|------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|----------------------------------|
| Please indicate the types of operating systems used on the devices in your organization. |                                           |                                 |                                  |
| <input type="checkbox"/> Windows                                                         | <input type="checkbox"/> Linux (Variants) | <input type="checkbox"/> MAC OS | <input type="checkbox"/> Android |
| <input type="checkbox"/> UNIX                                                            | <input type="checkbox"/> FreeDos          | <input type="checkbox"/> iOS    | <input type="checkbox"/>         |

| SOFTWARE AND APPLICATIONS                                                                                        |                                                      |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Please specify the source code structure information of the software and applications used in your organization. |                                                      |
| <input type="checkbox"/> Closed Source                                                                           | <input type="checkbox"/> Open Source (if applicable) |

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| <b>SERVER SYSTEMS</b>                                                          |          |  |                                             |          |  |
|--------------------------------------------------------------------------------|----------|--|---------------------------------------------|----------|--|
| Please indicate the structure of the server systems used in your organization. |          |  |                                             |          |  |
| <input type="checkbox"/> Physical                                              | Quantity |  | <input type="checkbox"/> Virtual<br>(Cloud) | Quantity |  |

| <b>DATA CENTER STATUS</b>                                                                                                                                                                              |                                                          |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------|
| Please indicate the information regarding your organization's data center infrastructure.                                                                                                              |                                                          |                                 |
| <input type="checkbox"/> Organization System Room                                                                                                                                                      | <input type="checkbox"/> Outsourced External Data Center | <input type="checkbox"/> Hybrid |
| <ul style="list-style-type: none"> <li>If using an external data center, keep information and documents regarding the service provider's competence and suitability ready for presentation.</li> </ul> |                                                          |                                 |

| <b>CLOUD SERVICES</b>                                                                                               |                                  |                                   |                              |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|------------------------------|
| Please indicate your organization's information regarding cloud service usage.                                      |                                  |                                   |                              |
| <input type="checkbox"/> Yes                                                                                        |                                  | <input type="checkbox"/> No       |                              |
| <input type="checkbox"/> Storage                                                                                    | <input type="checkbox"/> Service | <input type="checkbox"/> Platform | <input type="checkbox"/> All |
| <ul style="list-style-type: none"> <li>If your answer is "Yes," please check the applicable items above.</li> </ul> |                                  |                                   |                              |
| Please list the details regarding your use of cloud services below.                                                 |                                  |                                   |                              |
|                                                                                                                     |                                  |                                   |                              |

| <b>END USER INFORMATION</b>                 |                                 |                                 |                                |                                            |                                |
|---------------------------------------------|---------------------------------|---------------------------------|--------------------------------|--------------------------------------------|--------------------------------|
| Number of End Users                         |                                 |                                 |                                |                                            |                                |
| Total Number of End User Devices            |                                 |                                 |                                |                                            |                                |
| <b>END USER DEVICE TYPES AND QUANTITIES</b> |                                 |                                 |                                |                                            |                                |
| <input type="checkbox"/> Desktop Computer   | <input type="checkbox"/> Laptop | <input type="checkbox"/> Tablet | <input type="checkbox"/> Phone | <input type="checkbox"/> Handheld Terminal | <input type="checkbox"/> Other |
| ..... Units                                 | ..... Units                     | ..... Units                     | ..... Units                    | ..... Piece                                | ..... Number                   |

| <b>YOUR CORPORATE ONLINE MEETING TOOLS</b> |                                         |                                      |                                      |
|--------------------------------------------|-----------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Microsoft Teams   | <input type="checkbox"/> Zoom           | <input type="checkbox"/> Cisco Webex | <input type="checkbox"/> Google Meet |
| <input type="checkbox"/> Other             | (Please specify the Other option) ..... |                                      |                                      |

| <b>FILE SHARING / TRANSFER TOOLS</b> |                                         |                                       |                                     |
|--------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> MS OneDrive | <input type="checkbox"/> MS SharePoint  | <input type="checkbox"/> Google Drive | <input type="checkbox"/> FTP / SFTP |
| <input type="checkbox"/> Other       | (Please specify the Other option) ..... |                                       |                                     |

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|----------------------------------------------------------|-----------------------------------------------------|
| <b>EMAIL SYSTEM</b>                                      |                                                     |
| <input type="checkbox"/> Cloud Service Provider          | <input type="checkbox"/> Organization's Own Systems |
| (Please specify the cloud service provider option) ..... |                                                     |

|                                       |
|---------------------------------------|
| <b>DATABASES</b>                      |
| (Please specify your database types.) |
|                                       |

|                                               |                                           |                                          |
|-----------------------------------------------|-------------------------------------------|------------------------------------------|
| <b>CORPORATE SOFTWARE AND APPLICATIONS</b>    |                                           |                                          |
| <b>CORPORATE RESOURCE PLANNING (ERP)</b>      |                                           |                                          |
| <input type="checkbox"/> SAP ERP              | <input type="checkbox"/> Oracle ERP       | <input type="checkbox"/> MS Dynamics 365 |
| <input type="checkbox"/> Logo Tiger           | <input type="checkbox"/> Mikro ERP        | <input type="checkbox"/> Other (.....)   |
| <b>CUSTOMER RELATIONSHIP MANAGEMENT (CRM)</b> |                                           |                                          |
| <input type="checkbox"/> SAP CRM              | <input type="checkbox"/> Salesforce       | <input type="checkbox"/> MS Dynamics CRM |
| <input type="checkbox"/> Zoho CRM             | <input type="checkbox"/> HubSpot CRM      | <input type="checkbox"/> Other (.....)   |
| <b>HUMAN RESOURCES (HR)</b>                   |                                           |                                          |
| <input type="checkbox"/> SAP SuccessFactors   | <input type="checkbox"/> Oracle HCM       | <input type="checkbox"/> Cloudfx         |
| <input type="checkbox"/> Logo Payroll         | <input type="checkbox"/> SabancıDX Hrweb  | <input type="checkbox"/> Other (.....)   |
| <b>FINANCE, ACCOUNTING</b>                    |                                           |                                          |
| <input type="checkbox"/> SAP FI               | <input type="checkbox"/> Mikro Accounting | <input type="checkbox"/> Netsis          |
| <input type="checkbox"/> Logo Accounting      | <input type="checkbox"/> ETA              | <input type="checkbox"/> Other (.....)   |
| <b>DOCUMENT MANAGEMENT SYSTEM (DMS)</b>       |                                           |                                          |
| <input type="checkbox"/> QDMS                 | <input type="checkbox"/> M-Files          | <input type="checkbox"/> MS SharePoint   |
| <input type="checkbox"/> Alfresco             | <input type="checkbox"/>                  | <input type="checkbox"/> Other (.....)   |
| <b>PROJECT AND TASK MANAGEMENT (PM)</b>       |                                           |                                          |
| <input type="checkbox"/> Jira                 | <input type="checkbox"/> Confluence       | <input type="checkbox"/> Asana           |
| <input type="checkbox"/> ClickUP              | <input type="checkbox"/> Bitrix           | <input type="checkbox"/> Other (.....)   |
|                                               |                                           |                                          |

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|---------------------------------------------------------|-----------------------------------------|----------------------------------------|----|
| <b>BUSINESS INTELLIGENCE AND REPORTING (BI)</b>         |                                         |                                        |    |
| <input type="checkbox"/> MS Power BI                    | <input type="checkbox"/> Zoho Analytics | <input type="checkbox"/> Oracle        |    |
| <input type="checkbox"/> SAP BusinessObjects            | <input type="checkbox"/> Qlik Sense     | <input type="checkbox"/> Other (.....) |    |
| <b>BUSINESS PROCESS MANAGEMENT (BPM)</b>                |                                         |                                        |    |
| <input type="checkbox"/> MS Power Automate              | <input type="checkbox"/> E-Flow         | <input type="checkbox"/> Paperwork     |    |
| <input type="checkbox"/> Oracle BPM                     | <input type="checkbox"/> Kissflow       | <input type="checkbox"/> Other (.....) |    |
| <b>OTHER CORPORATE SOFTWARE / APPLICATIONS (if any)</b> |                                         |                                        |    |
| Name                                                    | 1.                                      | 2.                                     | 3. |
| Function / Purpose                                      |                                         |                                        |    |

|                                                        |                                                   |                                      |                                    |                                   |
|--------------------------------------------------------|---------------------------------------------------|--------------------------------------|------------------------------------|-----------------------------------|
| <b>PROCESSES USED FOR BUSINESS AND TRANSACTIONS</b>    |                                                   |                                      |                                    |                                   |
| <input type="checkbox"/> Identity Sharing System (ISS) | <input type="checkbox"/> E-Government Interaction | <input type="checkbox"/> E-Signature | <input type="checkbox"/> E-Invoice | <input type="checkbox"/> E-Ledger |
| <input type="checkbox"/> E-Accounting                  | <input type="checkbox"/> E-Archive                | <input type="checkbox"/> E-Waybill   | <input type="checkbox"/> KEP       |                                   |

|                                                          |                             |  |               |  |
|----------------------------------------------------------|-----------------------------|--|---------------|--|
| <b>CONSULTING SERVICES FOR MANAGEMENT SYSTEM(S)</b>      |                             |  |               |  |
| Have you procured external consulting services?          |                             |  |               |  |
| <input type="checkbox"/> Yes                             | <input type="checkbox"/> No |  | Date(s)       |  |
| Organization from which the service was purchased        |                             |  | Consultant(s) |  |
| Management System(s) from Which the Service Was Obtained |                             |  |               |  |

|                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>INFORMATION, DOCUMENTS, AND FIELDS (IF ANY) NOT SUITABLE FOR ACCESS AND REVIEW BY THE AUDIT TEAM</b>                                                                      |  |
| <ul style="list-style-type: none"> <li>This must be specified in detail to ensure that the application evaluation process is conducted correctly and effectively.</li> </ul> |  |
|                                                                                                                                                                              |  |

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| <b>OUTSOURCED PROCESSES WITHIN THE SCOPE OF THE BGYS (if any)</b> |                                |                                                       |
|-------------------------------------------------------------------|--------------------------------|-------------------------------------------------------|
|                                                                   | <b>Process</b>                 | <b>Description (Subject and Provider Information)</b> |
| <input type="checkbox"/>                                          | Software Development / Support |                                                       |
| <input type="checkbox"/>                                          | Information Technology         |                                                       |
| <input type="checkbox"/>                                          | Physical Security              |                                                       |
| <input type="checkbox"/>                                          | Human Resources                |                                                       |
| <input type="checkbox"/>                                          | Accounting                     |                                                       |
| <input type="checkbox"/>                                          | .....                          |                                                       |
| <input type="checkbox"/>                                          | .....                          |                                                       |
| <input type="checkbox"/>                                          | .....                          |                                                       |

| <b>UNITS/PROCESSES NOT INCLUDED IN THE SCOPE (if any)</b> |  |    |  |    |  |
|-----------------------------------------------------------|--|----|--|----|--|
| 1.                                                        |  | 4. |  | 7. |  |
| 2.                                                        |  | 5. |  | 8. |  |
| 3.                                                        |  | 6. |  | 9. |  |

| <b>INFORMATION SYSTEMS SERVICES PROVIDED 24/7 (if applicable)</b>          |                             |
|----------------------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes                                               | <input type="checkbox"/> No |
| • If your answer is "Yes," please list the relevant topics/services below. |                             |
|                                                                            |                             |

| <b>SECTORAL CUSTOMER RECEIVING CRITICAL SERVICE DELIVERY RELATED TO INFORMATION SYSTEM SERVICES (if applicable)</b>                                                                                                                                                                                      |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                             | <input type="checkbox"/> No |
| • If your answer is "Yes," please list only the relevant topics/services below.                                                                                                                                                                                                                          |                             |
| • Execution of data provider processes for the operation of services such as Identity Sharing System (KPS), Execution of Financial Transactions (E-Invoice, E-Ledger, Insurance Policy, Acquisition and Verification of Information for Financial Records and Transactions, Energy, Defense, etc.), etc. |                             |
|                                                                                                                                                                                                                                                                                                          |                             |

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| <b>CRITICAL SERVICE PURCHASED FROM THE RELATED INFORMATION SYSTEMS SERVICE PROVIDER (IF ANY)</b>                                                                                                                                                                                                                                                                                                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> No |
| <p>• If your answer is "Yes," please list only the relevant subject(s)/service(s) below.</p> <p>• Identity Sharing System (KPS), execution of financial transactions (e-invoicing, e-ledger, insurance policies, information acquisition and verification for financial records and transactions, energy, defense, etc.), and other services related to data provider processes for resource utilization.</p> |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             |

| <b>DEPENDENCY ON EXTERNAL RESOURCE UTILIZATION</b> |                                                                                                                                                                 |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                           | In the event of any disruption in external sourcing processes, the main business processes can be sustained for the period until additional measures are taken. |
| <input type="checkbox"/>                           | Critical processes can be carried out during the period until additional measures are taken in the event of any disruption in external sourcing processes.      |
| <input type="checkbox"/>                           | Cannot perform business processes in the event of any disruptions in outsourced processes.                                                                      |

| <b>EXCLUSIONS (if any)</b> |                      |
|----------------------------|----------------------|
| Item / Control             | Reason for Exclusion |
|                            |                      |

| <b>ORGANIZATION INTERNAL NETWORK COMMUNICATION STRUCTURE</b>                            |                                           |                                           |
|-----------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Wired Network                                                  | <input type="checkbox"/> Wireless Network | <input type="checkbox"/> Mobile Network   |
| <b>CLOSED NETWORK (INTRA-NET) STATUS</b>                                                |                                           |                                           |
| <input type="checkbox"/> Yes                                                            | <input type="checkbox"/> No               |                                           |
| <p>• If your answer is "Yes," select the following network communication structure.</p> |                                           |                                           |
| <input type="checkbox"/> Wired Network                                                  | <input type="checkbox"/> Wireless Network | <input type="checkbox"/> Mobile Network   |
| <b>ARTIFICIAL INTELLIGENCE TOOLS PRODUCTION AND USE</b>                                 |                                           |                                           |
| <input type="checkbox"/> Production                                                     | <input type="checkbox"/> Usage            | <input type="checkbox"/> None             |
| <b>USE OF ONLINE SALES AND COLLECTION SYSTEMS</b>                                       |                                           |                                           |
| <input type="checkbox"/> Yes                                                            | <input type="checkbox"/> No               | <input type="checkbox"/> Service Purchase |
| <p>• If your answer is "Yes" or "Service Purchase," please provide an explanation.</p>  |                                           |                                           |
|                                                                                         |                                           |                                           |
|                                                                                         |                                           |                                           |

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| USE OF ONLINE PAYMENT TOOLS                                                     |                             |                                           |
|---------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|
| <input type="checkbox"/> Yes                                                    | <input type="checkbox"/> No | <input type="checkbox"/> Service Purchase |
| • If your answer is "Yes" or "Service Purchase," please provide an explanation. |                             |                                           |
|                                                                                 |                             |                                           |

| USE OF RESOURCES IN SOFTWARE DEVELOPMENT ACTIVITIES |                                               |                                                          |
|-----------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Internal Resource(s)       | <input type="checkbox"/> External Resource(s) | <input type="checkbox"/> Internal and External Resources |

Check the ones that apply to you.

#### FACTORS RELATED TO THE BUSINESS AND ORGANIZATION (OUTSIDE OF IT)

| Category                                                                                                                                                                                                                                                                   | Level                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type(s) of work and regulatory requirements                                                                                                                                                                                                                                | 1. The organization operates in non-critical business areas and unregulated sectors <sup>a</sup> <input type="checkbox"/><br>2. The organization has customers operating in critical business areas <sup>a</sup> <input type="checkbox"/><br>3. The organization operates in critical business areas <sup>a</sup> <input type="checkbox"/>                                                                                                  |
| Processes and tasks                                                                                                                                                                                                                                                        | 1. Standard processes with standard tasks; a few products or services, <input type="checkbox"/><br>2. Standard but non-repetitive processes; numerous products or services, <input type="checkbox"/><br>3. Multiple units within the scope of certification, a high number of products and services, complex processes (the BGYS covers highly complex processes or a relatively high number or unique activities) <input type="checkbox"/> |
| Level of establishment of the management system                                                                                                                                                                                                                            | 1. The BGYS is well established and/or other management systems are in place. <input type="checkbox"/><br>2. Some elements of other management systems are implemented, while others are not. <input type="checkbox"/><br>3. No other management systems are implemented; the BGYS is new and not yet established. <input type="checkbox"/>                                                                                                 |
| <sup>a</sup> Critical business areas are sectors that could affect critical public services, leading to risks that could cause serious negative consequences for the country in terms of health, safety, economy, country image, and the functional capacity of the state. |                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                                                                                  |                                                                                                                                                                                         |                  |            |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|
|  | <p style="text-align: center;"><b>ISO 27001:2022</b></p> <p style="text-align: center;"><b>APPLICATION SUPPLEMENTARY</b></p> <p style="text-align: center;"><b>INFORMATION FORM</b></p> | Document No      | FR-221     |
|                                                                                  |                                                                                                                                                                                         | Publication Date | 05/08/2023 |
|                                                                                  |                                                                                                                                                                                         | Revision No      | 04         |
|                                                                                  |                                                                                                                                                                                         | Revision Date    | 03.03.2026 |

**Please check the ones that apply to you.**

**FACTORS RELATED TO THE IT FIELD**

| Category                                                                 | Level                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IT infrastructure complexity                                             | 1. A small number or highly standardized IT platforms, servers, operating systems, databases, networks, etc. <input type="checkbox"/><br>2. Several different IT platforms, servers, operating systems, databases, networks <input type="checkbox"/><br>3. Many different IT platforms, servers, operating systems, databases, networks <input type="checkbox"/>                                    |
| Dependence on external resources and suppliers, including cloud services | 1. Little or no dependence on external sources or suppliers <input type="checkbox"/><br>2. Normal dependence on external resources or suppliers only in some areas, provided that these are not critical business activities <input type="checkbox"/><br>3. Excessive dependence on external resources or suppliers, significantly impacting important business activities <input type="checkbox"/> |
| Information System development                                           | 1. No or very limited in-house system/application development <input type="checkbox"/><br>2. In-house or outsourced system/application development for some important business purposes <input type="checkbox"/><br>3. Comprehensive in-house or external system/application development for important business objectives <input type="checkbox"/>                                                 |

**DOCUMENTS TO BE SUBMITTED DURING APPLICATION**

|                          |                                                                                                                                                                                                                         |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Trade registry gazette (except for public institutions and foreign entities)                                                                                                                                            |
| <input type="checkbox"/> | Chamber of Commerce registration certificate – Activity certificate (Current) (Excluding public institutions and foreign countries)                                                                                     |
| <input type="checkbox"/> | Copy of the authorized person(s)' signature circular (Excluding public institutions and foreign countries)                                                                                                              |
| <input type="checkbox"/> | Document(s) confirming compliance with legal requirements (Permits, licenses, certificates, tax registration certificates, etc.)                                                                                        |
| <input type="checkbox"/> | Organizational chart (without personal information)                                                                                                                                                                     |
| <input type="checkbox"/> | Management system policy, Risk and Opportunity Procedure, Risk and Opportunity Analysis Document, Internal Audit Report, MANAGEMENT REVIEW Records, Statement of Applicability (if applicable), Manual (if applicable), |
| <input type="checkbox"/> | Virtual office agreement (if virtual office is used)                                                                                                                                                                    |

**NOTES**

|         |                                                                                                                                                             |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Note 1: | The management system certification audit on which the application is based must have been implemented for at least 3 (three) months.                       |
| Note 2: | The Internal Audit and Management Review process must have been conducted at least once (1) and the records created by the time of the certification audit. |
| Note 3: | During the recertification process, the application form must be completed and submitted by the organization to reflect the current conditions.             |
| Note 4: | Remote audit requests and compliance must be in accordance with the procedures and principles determined by PCA.                                            |

**Auditor Approval**

**Company Approval**