



MEMORANDUM OF UNDERSTANDING FOR THE SERVICE PROCUREMENT FOR THE RESIDENCE PERMIT ACQUISITION FOR FOREIGNER FAMILY MEMBERS

A. FAMILY MEMBER'S APPLYING FOR RESIDENCE PERMIT

Surname, Name	Degree of Relationship	Foreigner ID / Passport Number

B. TYPE OF SERVICE REQUESTED (Choose one)

<input type="checkbox"/>	CONSULTANCY SERVICE
	Providing consultancy until the application process is completed
	Support in filling the online application form
	Providing the health insurance (if required)
	Consulting for missing documents
	Payment of fees, etc. on behalf of the applicant

<input type="checkbox"/>	LEGAL REPRESENTATION SERVICE
	Providing consultancy until the application process is completed
	Filling the online application form
	Providing the health insurance (if required)
	Consulting for missing documents
	Payment of fees, etc. on behalf of the applicant
	Accompanying the Immigration Office interviews
	Advocacy services
	Collecting residence permit card(s)

C. TERMS OF PAYMENT

The requested Service Fee is per person. Payment for each person whose residence permit will be obtained from the intermediary firm is made by Bilkent University within 15 days after receiving the residence permit, in return for an invoice. For the staff receiving this service for the first time, total of the invoiced amount and VAT will be paid by the University. For the coming service procurements, %50 of the invoiced amount will be deducted from the staff's salary. Additional expenses for obtaining a residence permit (power of attorney, translation, notary public, apostille, application fees, etc.) are paid to the service provider firm by the service recipient personnel. Exceptionally, international faculty members employed by the University after July 1, 2024 and those who are already employed at June 1,2024, will not be charged to pay their service share one time only.

I have been informed by the link below about the Personal Data Protection Law, and the personal data I have provided with the document / form; I hereby accept the processing and/or transferring any of my personal information to be limited only to the matters stated in the clarification text and the purposes included in the relevant legislation <https://w3.bilkent.edu.tr/bilkent/clarification-text-on-the-personal-data-protection-law/>

DATE:/..../.

PARTIES	NAME, SURNAME, CONTACT INFORMATION	SIGNATURE
Service Provider Firm Name:		
Authorized Person (lawyer) :		
Service Recipient Faculty :		