

Nigerian Research and Education Network Federated Identity

c/o NgREN Technical Department, NgREN Secretariat, Prof. Peter Okebukola Building National Universities Commission

NgREN IDENTITY FEDERATION (NgRENID) MEMBERSHIP APPLICATION FORM

Introduction

This form should be completed by any institution applying for membership to the NgREN Identity Federation (NgRENID) and returned to the NgREN Secretariat OR be scanned and emailed to support@ngren.edu.ng. When filling this form, please **use upper case letters** to minimize transcription errors.

The information you provide on this form will be held and processed at the NgREN Secretariat to implement and support your organisation's service through NgRENID.

SECT	ON I (a): The Institution	
	Name of institution:	
	Physical & Postal Address:	
	Membership Category:	
	☐ Identity Provider (IdP) ☐ Service Provider (SP) ☐ IdP and SP	
SECT	ON I (b): The Institution Administrative Contact	
	Name:	
	Phone Numbers: (i) (ii)	
	Email addresses: (i)(ii)	
SECT	ON I (c): The Institution Technical Contact	
	Name:	
	Phone Numbers: (i)(ii)	
	Email addresses: (i)(ii)	
SECT	ON II: Commitment Declaration	
	ersigned, confirm that:	
a.	My institution will comply with the NgREN Identity Federation (NgRENID) Policy, which may be reviewed from time to time.	
b.	If a service access fee is specified for a third-party service provided via the NgREN Identity Federation (NgRENID), the fee will be paid on due date(s).	
c.	The information given on this form is true, to the best of my knowledge and belief.	
	Signature:	
	Name:	
	Position in Institution:	
	Date:	