



GARNET

Ghanaian Academic and Research Network

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Accra, Ghana

GARNET IDENTITY FEDERATION (GIF) MEMBERSHIP APPLICATION FORM

Introduction This form should be completed by any institution applying for membership to the GARNET Identity Federation (GIF) and returned to the GARNET Secretariat OR scanned and emailed to ceo@garnet.edu.gh and cto@garnet.edu.gh.

Please use upper case letters to minimize transcription errors. The information provide will be processed at the GARNET Secretariat to implement and support your organisation's service through GIF.

SECTION I (a):

The Institution Name of institution:.....

Physical & Postal Address:

Membership Category:

Identity Provider (IdP)

Service Provider (SP)

IdP and SP

SECTION I (b): The Institution Administrative Contact

Name:

Phone Numbers: (i)

Email addresses: (i).....

SECTION I (c): The Institution Technical Contact

Name:

Phone Numbers: (i)

Email addresses: (i).....

SECTION II: Commitment Declaration

I the undersigned, confirm that:

- a. My institution will comply with the GARNET Identity Federation (GIF) 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 GARNET Identity Federation (GIF), 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: