

TANZANIA EDUCATION AND RESEARCH NETWORK

Office of the Executive Secretary

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TANZANIA IDENTITY FEDERATION (TIF) MEMBERSHIP APPLICATION FORM

Introduction

This form should be completed by any institution applying for membership to the TERNET Identity Federation (TIF) and returned to the TERNET Secretariat OR be scanned and emailed to ceo@ternet.or.tz and cto@ternet.or.tz. 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 TERNET Secretariat to implement and support your organization's service through TIF.

SECTION I (a): The Institution

Name of institution:

Physical & Postal Address:

Regulatory body Reg. No (e.g. TCU. OR NACTE):

Membership Category:

☐ Identity Provider (IdP) ☐ Service Provider (SP) ☐ IdP and SP

SECTION I (b): The Institution Administrative Contact

Name:.....

Phone Numbers: (i) (ii)

Email addresses: (i)..... (ii).....

SECTION I (c): The Institution Technical Contact

Name:.....

Phone Numbers: (i) (ii)

Email addresses: (i)..... (ii).....

SECTION II: Commitment Declaration

I the undersigned, confirm that:

- My institution will comply with the TERNET Identity Federation (TIF) Policy, which may be reviewed from time to time.
- If a service access fee is specified for a third-party service provided via the TERNET Identity Federation (TIF), the fee will be paid on due date(s).
- The information given on this form is true, to the best of my knowledge and belief.

Signature:	
Name:	
Position in Institution:	
Date:	