## **JAIXP Application FORM**

Applicant Information						
Name of Organization :		Organization website:		anization website:		
Registration No.:		TRN:			Phone:	
Registered address:						
City:	Parish:			Country:		
Contact Person:				Email:		
Postal address:						
City:	Parish:				Postal Code:	
Description of Organization :						
□ Content Delivery Network □ Content Provider □ Cloud/SaaS Provider □ Hosting Provider						
	ational Institution			□ Other		
Technical Staff Contact Person: Address: City:	E-mail:				Postal Code:	
Phone:	Parish:	:			Fax:	
Position:						
Billing Info						
Billing Organization Name: Billing contact name:						
Address:						
City:	Parish:				Postal Code:	
Phone:	Email:				Fax:	
Country:						
Network Information						
AS number(s) to use for peering:			Со	ontact person:		
Required Port Capacity:						
NOC Contact number: (XXX)		1 1		C Contact email:	-	
Type of Internet connection that you possess:  Bandwidth of connection:						
Name of Upstream Provider:  Upstream Provider's ASN						
Peering Policy: □ Open □ Closed □ Conditional						
City: Parish:				Country:		
The applicant shall by signing below confirm that the information provided above is correct. Any false or misleading information may						
constitute grounds for the rejection of the application.						
Signature of Applicant:					Date:	