JAIXP Application FORM

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| --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | |
| Name of Organization : | | | Organization website: | | |
| Registration No.: | | TRN: | | | Phone: |
| Registered address: | | | | | |
| City: | | Parish: | | | Country: |
| Contact Person:  Monthly payment or rent: | | | | | Email: |
| Postal address: | | | | | |
| City: | Parish: | | | | Postal Code: |
| Description of Organization :   |  |  |  |  | | --- | --- | --- | --- | | 🞐 **Content Delivery Network** | 🞐 **Content Provider** | 🞐 **Cloud/SaaS Provider** | 🞐 **Hosting Provider** | | 🞐 **Educational Institution** | 🞐 **Enterprise** | 🞐 **ISP** | 🞐 **Other** |   (*Please provide additional information on your organization which may be used on our website under the “****Peers****” Section*):   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  |  |  |  | | | | | | |
| Technical Staff | | | | | |
| Contact Person: | | | | | |
| Address:  How long? | | | | | |
| 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: | | | | Contact person: | |
| Required Port Capacity: 🞐 **1Gbs** 🞐 **10Gbs** | | Required no. of Ports: \_\_\_ **1Gbs** \_\_\_ **10Gbs**  Phone: | | | |
| NOC Contact number: (XXX)\_\_\_\_\_\_\_ | | | NOC Contact email: | | |
| Type of Internet connection that you possess:  State: | | | | | 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: |