SAFIRE
SOUTH AFRICAN IDENTITY FEDERATION

Service Provider Registration Request

Email the completed form together with your proposed metadata to safire@tenet.ac.za.

☐ New *(Fields in **bold** are mandatory)*   ☐ Change *(only complete Entity ID and changed fields)*   ☐ Delete *(complete name and Entity ID)*

Organisation Details

Legal/Canonical Name: ....   *Per your corporate registration documents or the Higher Education Act*

Organisational web site URL: ....   *Main web page*

Service Details

Service Name: ....   *Displayed to users – e.g. friendly form*

Description: ....   *Purpose of the service, and why it needs attributes (~140 chars max)*

Service access URL: ....   *The address of a page from which it is possible to access the service*

Information page URL: ....   *For further information about your service*

Privacy statement URL: ....   *Location of your privacy policy/statement*

Entity ID: *(always complete this)* ....   *Unique identifier in well-known location format*

eduGAIN opt-in: ☐ Tick to opt IN to eduGAIN   *Default for SPs is to opt-out*

Research & Scholarship: ☐ Tick request R&S entity category   *Subject to further confirmation by SAFIRE*

Requested Attributes

It is not guaranteed that all the attributes requested below will be released to your service; attribute release is negotiated in accordance with the Attribute Release Policy and the principle of minimality.

Provided by all IdPs	***Provided by most IdPs***	***Optional for IdPs***	***Generated by SAFIRE***
☐ eduPersonPrincipalName	☐ displayName†	☐ eduPersonOrcid	☐ eduPersonTargetedID
☐ givenName	☐ eduPersonAffiliatition	☐ eduPersonPrimaryAffiliation	☐ o
☐ sn		☐ eduPersonScopedAffiliation†	☐ schacHomeOrganizationType
☐ mail		☐ employeeNumber	
		☐ preferredLanguage	
	† *Will be derived if not supplied*	☐ schacHomeOrganization†	

Additional motivation for requested attributes (if not clear from Service Description):

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[                                                                          ]
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Technical Contact

Name: _____ *Person or role name*

Email address: _____ *Should be generic/role address, not personal*

Telephone number: _____

Support Contact

Role name: _____ *e.g. "Help Desk"*

Email address: _____ *Should be generic/role address, not personal*

Telephone number: _____

I confirm that we have reviewed the Participation Agreement and the SAML2-specific requirements at https://safire.ac.za/technical/saml2/sp-requirements/, and that we will configure this service accordingly.

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Name of authorised representative   *Signature of authorised representative*   *Date*