SAFIRE
SOUTH AFRICAN IDENTITY FEDERATION

Identity 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*

Identity Provider Details

IdP Display Name: -- *Displayed to users – e.g. friendly form of organisation name*

Description: -- *Purpose of the IdP (~ 140 chars max)*

Information page URL: -- *For further information specific to your IdP*

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

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

Scopes: -- *DNS domains/realms, primary one first*

eduGAIN opt-out: ☐ Tick to opt OUT of eduGAIN   *Default for IdPs is to opt-in*

Additional entity categories: ☐ Research & Scholarship   ☐ Hide from Discovery   ☐ Sirtfi   *R&S is recommended; Sirtfi needs additions docs*

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/idp-requirements/, and that we will configure this service accordingly.

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