

Identity Provider Registration Request*

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

New (Fields in bold are mandatory)		complete Entity d changed fields)	Delete	(complete name and Entity ID)
Organisation Details	S			
Legal/Canonical Name:				Per your corporate registration documents or the Higher Education Act
Organisational web site URL:				Main web page
Identity Provider De	etails			
IdP Display Name:				Displayed to users – e.g. friendly form of organisation name
Description:				Purpose of the IdP (~ 140 chars max)
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	ı		Default for IdPs is to opt-in
Additional entity categories:	Research & Scholarship	Hide from Discovery	Sirtfi	R&S is recommended; Sirtfi needs additions docs
Additional details for verification o	f metadata:			
Metadata location:				URL for XML metadata
Information page URL:				For further information specific to your IdP
Privacy statement URL:				Location of your privacy policy/statement
Logo URL:				Location of your logo
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:				

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Security Contact

See https://wiki.refeds.org/display/	SIRTFI/Choosing+a+Sirtfi+Contact for informatio	n on choosing a security contact.
Role name:		e.g. "Our CSIRT"
Email address:		Should be generic/role address, not personal
Telephone number:		
Technical assertions		
Agreement and the SAML2-specifi	n behalf of the registrant, I confirm that we hat ic requirements at https://safire.ac.za/technic accordingly. In particular, I assert the following	cal/saml2/idp-requirements/, and
Time synchronisation:	This provider has time synchronisation configured	
Log retention:	This provider retains logs for at least 184 days	
Name of authorised representative	Signature of authorised representative	 Date

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^{*} Where applicable, this registration request constitutes a Service Order Form under the REN Master Service Agreement.