



ARNaai
Identity Provider Registration Request⁽¹⁾
v1.0 - 30/11/2015

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|------------------------------|--|----------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Change Request ⁽²⁾ | <input type="checkbox"/> Removal |
|------------------------------|--|----------------------------------|

Organisation

Name:

Unit Name⁽³⁾ :

Organization site URL:

Service

IdP Display Name⁽⁴⁾ :

Web page URL⁽⁵⁾ :

EntityID⁽⁶⁾ :

Scope⁽⁷⁾ :

Technical Contact⁽⁸⁾

Name:

Position:

Address:

Email:

Phone:

1 The form must be filled in English. Please email a scanned copy of the signed document to aai@arn.dz

2 If you tick "Change", please fill only in the fields you want to change; leave others blank

3 End entity Unit (if applicable)

4 To be displayed on WAYF server IdPs list. Might be modified by the ARNaai Administrators for normalization.

5 The URL of a page which describes the service

6 Unique identifier which identifies each Service in the ARNaai Federation

7 Primary domain of the entity, as defined by the variable shibmd:Scope

8 At least one is required.

Technical Contact

Name:

Position:

Address:

Email:

Phone:

Support Email⁽⁹⁾ :

The service is in compliance with the purpose of the ARNaai Federation described on the ARNaai Policy Document published on the website <http://www.aai.arn.dz>

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| <p>Date:</p> <p>Applicant's signature⁽¹⁰⁾</p> | <p>Date:</p> <p>On behalf of ARNaai.....</p> |
|--|--|

9 Email address operating also during the absence of the Technical Contact.

10 Signature of the "Organisation Representative" or of the Organization's Legal Representative The signature must be readable or Name and Surname in block capitals must be written down. In case of a "change request", a signature of the technical contact person or of the Technical Representative is sufficient