

eduroam IdP/SP Registration Request*

Email the completed form together with any additional RADIUS server(s) to eduroam@tenet.ac.za.

Organisation Details

Institution name: _____

Per your corporate registration documents or the Higher Education Act

Primary street address: _____

Of your main campus or head office

Information page URL: _____

*Information specific to your eduroam service
Location of your acceptable use policy for eduroam services*

Policy URL: _____

Provider role(s):

Identity Provider

Service Provider

Subject to eligibility criteria

Service Details

RADIUS Server(s)

You can provide up-to two RADIUS servers below. If you have more than two RADIUS servers, please send details of the additional infrastructure with your covering correspondence.

Hostname: _____

Hostname/FQDN of first RADIUS server

IPv4 address: _____

IP address of RADIUS first server

Server software: _____

Windows NPS, FreeRADIUS, etc?

Server role limitation:

Server (IdP Only)

Client (SP Only)

Tick if this RADIUS server only supports one role

Hostname: _____

Hostname/FQDN of second RADIUS server

IPv4 address: _____

IP address of second RADIUS server

Server software: _____

Windows NPS, FreeRADIUS, etc?

Server role limitation:

Server (IdP Only)

Client (SP Only)

Tick if this RADIUS server only supports one role

Identity Provider Details

Realm(s): _____

DNS domains/realms

Test account:

Username: _____

Password: _____

Required for monitoring

Service Provider Details

SSID: _____

Wireless network name (usually "eduroam")

Service address: _____

If different from primary street address above

GPS Coordinates:

Lat: _____

Long: _____

Of service address

Restrictions:

Port filtering

Shaping

Transparent proxy

NAT

Indicate whether any of these restrictions apply to your SP network

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 eduroam National Policy for South Africa (available at <https://eduroam.ac.za/policy/>) and that the organisation named above agrees to be bound by said policy and to configure its eduroam service(s) in accordance with the policy's requirements and prevailing best practices.

We understand that eduroam and the eduroam logo are registered trademarks in South Africa and in other countries and may only be used to describe services that comply with eduroam's policies and service description.

We understand that the technical contact named above will be subscribed to one or more mailing lists that are used to share operational information about the eduroam service, including security information. In addition, we understand that the contact details we provide may be shared with other eduroam roaming operators and providers to facilitate support, debugging and incident response, as detailed in the privacy statement.

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

* Where applicable, this registration request constitutes a Service Order Form under the REN Services Agreement.