

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
Policy URL:	_____	Location of your acceptable use policy for eduroam services
Provider role(s):	<input type="checkbox"/> Identity Provider <input type="checkbox"/> Service Provider	Subject to eligibility criteria and fees

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:	<input type="checkbox"/> Server (IdP Only) <input type="checkbox"/> 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:	<input type="checkbox"/> Server (IdP Only) <input type="checkbox"/> 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:	<input type="checkbox"/> Port filtering <input type="checkbox"/> Shaping <input type="checkbox"/> Transparent proxy <input type="checkbox"/> 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 the eduroam wordmark 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 the global eduroam operations team and other eduroam roaming operators and providers to facilitate support, debugging and incident response, as detailed in the privacy statement.

We understand that our participation in eduroam constitutes the provision of a Service as contemplated in TENET's REN Master Service Agreement (where the institution has entered into such an agreement) or, failing that, TENET's General Terms and Conditions of Contract. This application serves as the Service Order Form contemplated therein, and binds us to those conditions of contract.

We acknowledge that if we choose to participate as an identity provider, this will incur costs based on the number of full-time equivalent staff and students at our institution, as outlined on the eduroam.ac.za website.

Name of authorised representative

Signature of authorised representative

Date