



Singapore
Advanced Research
and Education Network

Singapore Access Federation (SGAF) Service Application Form

Please e-mail the completed form to admin@singaren.net.sg.
This form contains **4 pages**.

Organisation	Organisation Name
	Organisation Address

Billing Contact	<i>Please fill in the particulars of the contact person for subscription application and billing issues.</i>		
	Last name (Surname)	First name (Given name)	Job Title
	Address (if different from the organisation address stated above)		
	Email	Telephone	Fax

Technical Contact	<i>Please fill in the particulars of the contact person for technical matters.</i>		
	Last name (Surname)	First name (Given name)	Job Title
	Address (if different from the organisation address stated above)		
	Email	Telephone	Fax



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1 #SGAF Subscription

1.1 The pre-requisite of joining SGAF is to be an Institutional Member of SingAREN. **Is your institution currently an Institutional Member of SingAREN?**

- Yes
- No (*Please complete the SingAREN membership application form, in addition to this SGAF application form, and submit to admin@singaren.net.sg.*)

1.2 My organisation is joining SGAF as: (Please Select **ONE** option)

- Identity Provider (**Answer questions in Section 2A and 3**)
- Service Provider (**Answer questions in Section 2B and 3**)

*# Identity Providers and Service Providers shall enjoy **FREE** access to the SGAF service during the trial period. Service fees shall be subject to review after the trial period.*

2 Profile Information

Section 2A. Identity Providers

1. Enter estimated number of users in your organisation that will use the SGAF service:

2. If your organization has an existing Identity Provider service, please advise the system that is used:

- Shibboleth
- ADFS
- Others: Please specify: _____

3. Who are the service providers that you would like to be made available under SGAF? (Please provide at least 2 or more):



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3 Declaration & Authorisation

I have read the Federation Rules and if my application to join the SGAF service is approved by SingAREN, I agree that my organization will be bound by the Federation Rules as amended from time to time.

I hereby authorise and confirm that this application is valid, and the abovementioned service(s) is/are to commence from:

D	D	M	M	Y	Y	Y	Y

We understand and agree:

- that this service will be effective from the abovementioned date until: (a) we provide SingAREN with 1 month's notice prior to the requested termination date or (b) pay the service subscription charges for 1 month in lieu of such notice;
- that it will take 7 working days to process this application provided that all the information is complete and in order;
- that any errors and/or omissions in this form may cause delay in processing or even rejection;
- that my organization shall bear all relevant costs that may be incurred in order to commission this service;
- that there is a minimum subscription period of one year. In the event that the Subscriber terminates the service with SingAREN before this minimum subscription period, SingAREN reserves the right to levy fees and / or charges as it deems fit;
- that we shall fully comply with all terms and conditions, acceptable use policy and Federation Rules for using this service (refer to <http://www.singaren.net.sg/>);
- that SingAREN reserves the right to terminate my organisation's subscription, without advance notice, in the event that any party of my organisation breaches any of the above-stated compliance frameworks.

Signature and Full Name

Organisation
stamp

Date