



Pakistan Identity Federation
Pakistan Education & Research Network (PERN)

Membership Application

Name of the University / Institution / Service Provider: _____

Complete Address: _____

Telephone:

Fax:

Mobile:

E-Mail:

Web Site:

On behalf of the _____, I am applying for the membership of the Pakistan Identity Federation (PKIFED). I confirm that my organization agrees to abide by the PKIFED's Federation Policy as soon as we are accepted as its member.

We are pleased to designate the following persons as our Administrative and Technical Contacts for PKIFED. These persons are fully authorized by our organization to make requests to the PKIFED for registering new users into our Identity Database or for registering Identity Provider Services at our organization.

Administrative Contact

Name:

Address:

E-Mail:

Tele:

Fax:

Mobile:

Technical Contact

Name:

Address:

E-Mail:

Tele:

Fax:

Mobile:

(Signature)

Name of the Authorized Signatory:

Designation:

Postal Address:

Email address:

Telephone Numbers:

Mobile:

Official stamp:

Date:

Place: