



Kenyan Identity Federation for Research and Education (RAFIKI) Membership Application Form

This form should be completed by the institution requesting membership to RAFIKI and signed then returned to support@kenet.or.ke with the subject “**FEDERATION MEMBERSHIP APPLICATION**”. It can also be posted or dropped at KENET offices. If you have any questions or comments about this form or would like some assistance when filling it in, please contact the federation support help desk directly using the contact addresses and telephone numbers on the federation website at <https://rafiki.ke/contact>.

All duly completed membership application forms shall be checked for eligibility as described in the federation policy.

TO BE COMPLETED IN CAPITAL LETTERS

SECTION I (a): The Institution

Name of institution:

Physical & Postal Address:

Membership Category:

Identity Provider (IdP)

Service Provider (SP)

IdP and SP

SECTION I (b): The Institution Administrative Contact

Name:

Phone Number:

Email addresses:

SECTION I (c): The Institution Technical Contact

Name:

Phone Numbers:

Email addresses:

SECTION II: Declaration

I the undersigned, confirm that:

- a. My institution will comply with the RAFIKI Policy, which may be reviewed from time to time.
- b. The information given on this form is true, to the best of my knowledge and belief.

Name:

Signature:

Stamp:

SECTION III: Membership Approval

KENET/RAFIKI Representative's Name:

Date:

Signature & Stamp: