

BOTSWANA IDENTITY FEDERATION (BIF)

MEMBERSHIP APPLICATION FORM

Introduction

This form is to be completed by institutions seeking membership in the Botswana Identity Federation (BIF). Once completed, please submit a scanned copy via email to info@botsren.org.bw .

The details provided in this form will be used by BIF to facilitate and manage your institution's participation in the federation. Please ensure all information is accurate.

Use capital letters when filling out this form.

SECTION 1: Institutional Information

(a) Institution Details

Institution Name: _____

Physical Address: _____

Membership Category (Select One):

☐ Identity Provider (IdP)

☐ Service Provider (SP)

☐ Both IdP and SP

(b) Administrative Contact

Full Name: _____

Phone Number(s):

(i) _____ (ii) _____

Email Address(es):

(i) _____ (ii) _____

(c) Technical Contact

Full Name: _____

Phone Number(s):

(i) _____ (ii) _____

Email Address(es):

(i) _____ (ii) _____

SECTION 2: Declaration of Commitment

I, the undersigned, hereby declare that:

1. My institution agrees to comply with the Botswana Identity Federation (BIF) Policy, which may be updated from time to time.
2. The information provided in this application is accurate to the best of my knowledge.

Signature: _____

Full Name: _____

Position in Institution: _____

Date: _____