NAM Registration Form

E-Service Name/App Name:	
Department/Agency Name:	
Callback ACS URL:	
Platform:	☐ Web ☐ Mobile
Type Of Environment:	☐ Test/UAT ☐ Production
Date of Expiry for X.509 Cert (dd/mm/yyyy):	

Agency Point of Contact (for Support Services): EGNC Purpose

Name:	
E-mail:	
Unit / Section:	

Agency Point of Contact (for Promotions/Business Information):

Name:	
E-mail:	
Unit / Section:	

Requested By:

Name:	
E-mail:	
Unit / Section:	
Date of Request:	
Remarks:	

NOTE: Please attach the X.509 certificate in PEM format .