



Malaysian Research & Education Network

Service Request Form

A. Organisation Details

Organisation Name	Address
Type of Organisation <input type="checkbox"/> Government Funded University/College/Polytechnic <input type="checkbox"/> Private Funded University/College/Polytechnic <input type="checkbox"/> Government Research Institution <input type="checkbox"/> Private Research Institution/Laboratory <input type="checkbox"/> Others (Please State)	

B. Connection Site Details				
1. Name and title of person filling out form:				
2. Physical address of premises connecting to the POP:				
	<i>Name:</i>	<i>Address:</i>	<i>Phone:</i>	<i>Email:</i>
3. Primary contact or coordinator for this connection:				
4. Technical contact for this connection:				
5. Administrative contact for this connection (billing):				

C. IP Addressing Details			
6. Do you own your own address space?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. What addressing will you be using?	<input type="checkbox"/> IPv4 Addressing	<input type="checkbox"/> IPv6 Addressing	
8. What addresses do you want to be advertised into MYREN?			
9. Is this a contiguous address block?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. What is the subnet mask?	IPv4		IPv6
11. Do you have an ASN?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. If 'No' please contact www.apnic.net . Or please state if you would like to use Private ASN assigned by MYREN NOC.	<input type="checkbox"/> Yes, I would like to use Private ASN assigned by MYREN NOC. <input type="checkbox"/> No, I will contact APNIC.		
13. If 'Yes' please record number:			

D. Multicast Details	
14. Do you want to enable multicast?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No please proceed to Section E : Termination and Router Details table)
15. Do you want to separate your multicast domain from the MYREN multicast domain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. If 'Yes' please provide your MSDP IP address:	

E. Termination and Router Details				
17. Brand, model number and software version of your Internet edge device:				
18. What is the interface type to interconnect to MYREN2 router? (for BGP purpose)		<input type="checkbox"/> Fast Ethernet <input type="checkbox"/> Gigabit Ethernet		
19. Who currently administer this router?		<input type="checkbox"/> Internal <input type="checkbox"/> external		
	<i>Name:</i>	<i>Address:</i>	<i>Phone:</i>	<i>Email:</i>
20. please provide contacts and details, if we can contact them:				

F. Support Details				
21. Who currently administers your Internet and WAN connectivity?		<input type="checkbox"/> Internal <input type="checkbox"/> external (ISP)		
	<i>Name:</i>	<i>Address:</i>	<i>Phone:</i>	<i>Email:</i>
22. please provide contacts and details:				
23. Can we contact them?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

G. Verification/Authorisation

I hereby verify my organization request for participation as member/user of MYREN2, and willingness to comply with MYREN set of Terms and Conditions.

Signature

Organisation Stamp

Date

H. For Office Use

Date of Application:

Authorised by:

Comment :

Please fax or scan and send it to 03-8318 5034 or helpdesk@myren.net.my