**Membership form**

**"Arab-African e-Certification Authorities Network"**

**AAECA-Net Principal Member**

Name: ……………………………………………………………..………………………….…………………...….…………

Function: …………………………………………………………………………………………………………….…………

Email : …………………..…..…………. Phone : ……………………………… Fax : ………………………………

Name of the Authority / Institution ……………………………………………………………………………..………………….…………………………………

Country : ………………………………………..………….……………………………………………………….…………

Having reviewed the articles of the AAECA-Net Charter I would like to express my/ our will (e-certification authority/agency name)

……………………………………………………………………………………………………………………..…………………to join the AAECA-Net as a **“Principal Member”** and to provide my/our full support to its activities and to contribute with all stakeholders to the development of digital trust services for the safety and security of e-transactions and e-commerce within /and between the Arab and African regions. Thus, to achieve the strategic vision of the AAECA-Net: **“Better interregional collaboration on e-Trust for better trustworthy digital economies based on Laws Harmonization & Digital Trust Services Interoperability”,**

I/We would like to join the related regional working groups

1. **AAECA-Net WG1: Strategic Planning**
2. **AAECA-Net WG2: E-trust-T&S** [Technical Aspects & Standardization]
3. **AAECA-Net WG3 : E-trust –L** [Legal frameworks Harmonization]

*NB. Category Membership fees : 5.000USD*

Date Signature

…………………………………….………… ………………………………………………

**AAECA-Net Working groups**

Please fill up in the forms below with the full information of the suggested members from your insitution.

|  |
| --- |
| AAECA-Net WG 1 : **Strategic Planning** |
| Name  |  |
| Title  |  |
| Function  |  |
| E-mail |  |
| Phone & Fax | Phone : | Fax : |
| AAECA-Net WG 2 : **E-trust-T&S** [Technical Aspects & Standardization] |
| Name  |  |
| Title  |  |
| Function  |  |
| E-mail |  |
| Phone & Fax | Phone : | Fax : |
| AAECA-Net WG 3 : **E-trust –L** [Legal frameworks Harmonization] |
| Name  |  |
| Title  |  |
| Function  |  |
| E-mail |  |
| Phone & Fax | Phone : | Fax : |

Date Signature

……………………………… …………………………………

**AICTO Bank account details are:**

* Account Name(Beneficiary name) : ARAB I.C.T ORGANIZATION
* Bank Name: Banque Internationale Arabe de Tunisie « BIAT »
* Branch Name: AGENCY AVENUE HABIB BOURGUIBA IV
* Account n°: 08 307000 5951027032 78
* Currency: USD
* IBAN : TN59 0830 7000 5951 0270 3278
* Code B.I.C (SWIFT) : BIATTNTT