Customer
SSL VPN Account Request Form

Please fill up the name information by following your NID information

First Name

Last Name

Designation

Email (Email must be under own organization domain)

Customer Organization Type

Govt. Project/Programme

Name of Organization

Name of Ministry/Division

Do you have Class 2 type TLS Client Authentication Certificate (mandatory for SSL VPN)?

Yes
No

If no is selected, please enroll and get TLS client authentication certificate from CA

Account Validity

days (put 0 for unlimited access)

Existing Account ID (if any)

Destination network address with destination port information
(e.g. single host: 10.1.1.1:80,443,22; subnet: 10.2.2.0/24:80,8080,22 or put 0 for all ports) *Use newline for multiple entry

Signature