



BGOVICT Form No. G0001v2.3.s2024

ICT TECHNICAL ASSISTANCE FORM

COMPLETE NAME OF ORGANIZATION	MINISTRY OF PUBLIC ORDER AND SAFETY	
COMPLETE ADDRESS OF ORGANIZATION	GIVFRELL BLDG. GOV. GUITTIEREZ AVENUE, R.H. 7, COTABATO CITY	
TICKET CODE <small>Please attached the BICTO Support Desk System ticket code</small>	da4fb5c6e93e74d3dfB527599fa62642	
TYPE OF ORGANIZATION	<input checked="" type="checkbox"/> Ministry <input type="checkbox"/> Agency <input type="checkbox"/> Office <input type="checkbox"/> Special Project <input type="checkbox"/> Others	CONCERN TYPE
DIGITAL PLATFORMS CONCERN	<input type="checkbox"/> BGOVMAIL <input type="checkbox"/> BGWHS <input type="checkbox"/> BGVCS <input checked="" type="checkbox"/> BGMP5 <input type="checkbox"/> BGDNS <input type="checkbox"/> Others	<input checked="" type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> MODIFICATION
PURPOSE OF REQUEST <small>Please explain the details of the concern</small>	Claim Bangsamoro Multimedia Platform for MPOS	

TECHNICAL INFORMATION SECTION

FOR NEW ACCOUNTS ONLY			FOR MODIFICATION ONLY		
No.	EMAIL OR USERNAME OR DOMAIN	Other Details (Such as IP Address, etc.)	No.	EMAIL OR USERNAME OR DOMAIN	Other Details (Such as IP Address, etc.)
1	ics.mposbarmm@gmail.com		1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

TECHNICAL CONTACT SECTION

PRIMARY CONTACT FOCAL		SECONDARY CONTACT FOCAL	
MANAL J. SUGADOL	I M P O R T A N T D E T A I L S	NASRODEYN D. MATAPID	
Name		Name	
ics.mposbarmm@gmail.com		ndmatapid@gmail.com	
Email		Email	
ADMINISTRATIVE OFFICER V (INFORMATION OFFICER III)		DEVELOPMENT MANAGEMENT OFFICER III	
Designation		Designation	
0917-704-5710		0927-156-1581	
Contact Number		Contact Number	

☒ I hereby certify that the information provided in this form is true and correct.

<input checked="" type="checkbox"/> Digital Copy <small>Seal this form using your organizations dry seal.</small>	 MANAL J. SUGADOL PRINTED NAME AND SIGNATURE HEAD OF ORGANIZATION	BICTO - ISDMS ONLY Received Stamp
	Date signed	

ACTION SLIP (BICTO ONLY)

REVIEWED BY	ACTION TAKEN	FINAL APPROVAL	RECOMMENDATION
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> FOR REVIEW	DATU RAFFY RALPH S. SINSUAT, MSc.IT SECTION HEAD	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED

NOTE: Please send the accomplished form using your account at <https://support.bangsamoro.gov.ph> and attach it to your existing ticket.

INSTRUCTIONS

1. All fields in the form must be filled out. If not applicable, write N/A.
2. Entries in the form may be filled out through handwriting or computer. If handwritten, please write legibly.
3. Indicate the COMPLETE name of your organization. DO NOT ABBREVIATE (e.g. Bangsamoro Information and Communications Technology Office).
4. Indicate the COMPLETE address of your agency (e.g. Bangsamoro Government Center., Governor Gutierrez Avenue, Rosary Heights VII, Cotabato City 9600).
5. There should be two (2) authorized contact persons and should be an employee of your agency. Authorized contact person from a third party is NOT allowed. Each contact person should have different phone numbers and email addresses.
6. Tick the box "I hereby certify that the information provided above is true and correct."
7. The Agency Head or MIS head must affix his/her signature over printed name and indicate the date when the form was signed.
8. Attach the scanned copy with dryseal or stamp seal (in PDF format) to your created ticket in <https://support.bangsamoro.gov.ph>.