



BGOVICT Form No. G0001v2.3.s2024

ICT TECHNICAL ASSISTANCE FORM					
COMPLETE NAME OF ORGANIZATION		BANGSAMORO INFORMATION OFFICE			
COMPLETE ADDRESS OF ORGANIZATION		2nd Floor, OCM Annex Bldg (Neda Bldg), Bangsamoro Government Center			
TICKET CODE <small>Please attached the BICTO Support Desk System ticket code</small>		1611			
TYPE OF ORGANIZATION		<input type="checkbox"/> Ministry <input checked="" type="checkbox"/> Agency <input type="checkbox"/> Office <input type="checkbox"/> Special Project <input type="checkbox"/> Others		CONCERN TYPE	
DIGITAL PLATFORMS CONCERN		<input checked="" type="checkbox"/> BGOVMAIL <input type="checkbox"/> BGWHS <input type="checkbox"/> BGVCS <input type="checkbox"/> BGMPs <input type="checkbox"/> BGDNS <input type="checkbox"/> Others		<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> MODIFICATION	
PURPOSE OF REQUEST <small>Please explain the details of the concern</small>		REQUEST FOR PASSWORD RESET OF BIOs official publication email merdeka@bangsamoro.gov.ph			
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			1	merdeka@bangsamoro.gov.ph	
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		
ALADIN S. IDO			I M P O R T A N T D E T A I L S		
Name				Name	
aladinido@gmail.com				Email	
Email				Email	
Media Production Specialist II				Designation	
Designation				Designation	
09192309146				Contact Number	
Contact Number				Contact Number	
<input checked="" type="checkbox"/> I hereby certify that the information provided in this form is true and correct.					
<input checked="" type="checkbox"/> Digital Copy	<div>AMEEN ANDREW L. ALONTO</div> <div>PRINTED NAME AND SIGNATURE</div> <div>HEAD OF ORGANIZATION</div> <div>March 7, 2025</div> <div>Date signed</div>			BICTO - ISDMS ONLY	
				Received Stamp	
Seal this form using your organizations dry seal.					
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>.