

BGOVICT Form No. G0001v2.3.s2024

ICT TECHNICAL ASSISTANCE FORM

COMPLETE NAME OF ORGANIZATION	Bangsamoro Attorney General's Office	
COMPLETE ADDRESS OF ORGANIZATION	BGC, Cotabato City	
TICKET CODE <i>Please attach the BICTO Support Desk System ticket code</i>		
TYPE OF ORGANIZATION	<input type="checkbox"/> Ministry <input type="checkbox"/> Agency <input checked="" 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 <i>Please explain the details of the concern</i>	Requesting assistance for Bangsamoro Assistant Attorney General (BAG) Gmail forgotten Password	

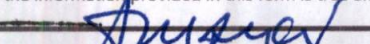
TECHNICAL INFORMATION SECTION

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	Mohammad.sulkipti@bangsymno.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	
Jassen D. Cabilangan	Janerah M. Abdulmin		
Name	Name		
jassen.cabilangan@gmail.com	Janerahmarcanta@gmail.com		
Email	Email		
IT personnel	Executive Assistant II		
Designation	Designation		
09702160am d	091631493453		
Contact Number	Contact Number		

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

<input type="checkbox"/> Digital Copy	 ATTY. MOHAMMAD AL-AMIN M. JULKIPLI	BICTO - ISDMS ONLY
	PRINTED NAME AND SIGNATURE	
	HEAD OF ORGANIZATION	
	02-28-2024	
	Date signed	
	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>.