

**BICTO**
BANGSAMORO INFORMATION COMMUNICATION TECHNOLOGY OFFICE**INFOSYS**
CITY AND PORT SECTION**BICTO SUPPORT DESK**
BANGSAMORO GOVERNMENT

BGOVICT Form No. G0001v2.3.s2024

ICT TECHNICAL ASSISTANCE FORM

COMPLETE NAME OF ORGANIZATION	MINISTRY OF AGRICULTURE, FISHERIES, AND AGRARIAN REFORM	
COMPLETE ADDRESS OF ORGANIZATION	Bangsamoro Government Center, Gov. Gutierrez Ave., Rosary Heights VII, Cotabato City, 9600	
TICKET CODE <small>Please attach the BICTO Support Desk System ticket code</small>		
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 type="checkbox"/> BGMPs <input type="checkbox"/> BGDNS <input checked="" 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 Bangsamoro Multimedia Platform (Adobe)	

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	N/A	N/A	1	N/A	N/A
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	
MUSRIFA M. MAGO	I N F O R M A T I O N	NAIMA M. MAMISEL	D E T A I L S
Name		Name	
mmusrifa@gmail.com		naima.mamisel@gmail.com	
Email		Email	
Information Officer III		Information Officer I	
Designation		Designation	
092626086228		09364595802	
Contact Number		Contact Number	

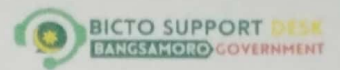
☒ I hereby certify that the information provided in this form is true and correct.

<input checked="" type="checkbox"/> Digital Copy  <small>Seal this form using your organization's dry seal</small>	<div>MUSRIFA M. MAGO PRINTED NAME AND SIGNATURE HEAD OF ORGANIZATION 10/08/2024 Date signed</div>	BICTO - ISDMS ONLY Received Stamp
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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.



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PURPOSE OF REQUEST <small>Please explain the details of the concern</small>	Request for MS365	



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1	N/A	N/A	1	N/A	N/A
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9			9		
10			10		

TECHNICAL CONTACT SECTION

PRIMARY CONTACT FOCAL		SECONDARY CONTACT FOCAL	
MUSRIFA M. MAGO		NAIMA M. MAMISEL	
Name		Name	
mmusrifa@gmail.com		naima.mamisel@gmail.com	
Email		Email	
Information Officer III		Information Officer I	
Designation		Designation	
092626086228		09364595802	
Contact Number		Contact Number	

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