



ICT TECHNICAL ASSISTANCE FORM

COMPLETE NAME OF ORGANIZATION	Banguanoro Planning and Development Authority (BPDA)		
COMPLETE ADDRESS OF ORGANIZATION	Rm 7, BGC, Cebu City.		
TICKET CODE <small>Please attached the BICTO Support Desk System ticket code</small>	1525		
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 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 checked="" type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> MODIFICATION
PURPOSE OF REQUEST <small>Please explain the details of the concern</small>	Adobe New Account		

FOR NEW ACCOUNTS ONLY

No.	EMAIL OR USERNAME OR DOMAIN	Other Details (Such as IP Address, etc.)
1	bpda@bangsamrd.gov.ph	
2		
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FOR MODIFICATION ONLY

No.	EMAIL OR USERNAME OR DOMAIN	Other Details (Such as IP Address, etc.)
1		
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PRIMARY CONTACT FOCAL

leanaban Saka
Name
leanabauakai09@gmail.com
Email
ITD
Designation
09678432017
Contact Number

SECONDARY CONTACT FOCAL

I M P O R T A N T D E T A I L S	
	Name
	Email
	Designation
	Contact Number

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

<input type="checkbox"/> Digital Copy <i>Seal this form using your organizations dry seal.</i>	 PRINTED NAME AND SIGNATURE HEAD OF ORGANIZATION	BICTO - ISDMS ONLY <i>Received Stamp</i>
	11/11/2024 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>.