



ICT TECHNICAL ASSISTANCE FORM

(Note: Please read the attached instructions before filling out this form)

|   |   |
|---|---|
| COMPLETE NAME OF ORGANIZATION   | OFFICE OF THE CHIEF MINISTER - BARMM  |
| COMPLETE ADDRESS OF ORGANIZATION  | BANGSAMORO GOVERNMENT CENTER, GOV. GUTIERREZ AVENUE, RH-VII, COTABATO CITY  |
| TYPE OF ORGANIZATION  | <input type="checkbox"/> Ministry <input type="checkbox"/> Agency <input checked="" type="checkbox"/> Office <input type="checkbox"/> Special Project<br><input type="checkbox"/> Consortium / Organizations / Groups   |
| TELEPHONE / MOBILE NUMBER   | (064) 421-9968  |
| FAX NUMBER  | N/A   |
| NATURE OF REQUEST<br>(Please refer to the instruction attach to this form)                                | <input type="checkbox"/> Tech Support <input type="checkbox"/> Device Setup <input checked="" type="checkbox"/> Communication<br><input type="checkbox"/> Account Security <input type="checkbox"/> Cloud Services <input type="checkbox"/> Remote Assistance<br><input type="checkbox"/> Maintenance and troubleshooting |
| INFORMATION<br>(Briefly Indicate the problem you have encounter. Continue on separate sheet if necessary) | Dear Sir / Ma'am,<br><br>This is to formally request for assistance in resetting forgotten password for bangsamoro government email issued under my name: juvi.ebao@bangsamoro.gov.ph.<br><br>Thank you so much.  |
| TECHNICAL CONTACT PERSONS   |   |
| PRIMARY TECHNICAL CONTACT PERSON  |   |
| NAME: JUVILYN Y. EBAO   | POSITION: ADMINISTRATIVE OFFICER III  |
| EMAIL ADDRESS: juvilynebao@gmail.com  | MOBILE NUMBER: 0905-746-1421  |
| ALTERNATE TECHNICAL CONTACT PERSON  |   |
| NAME: CHERRY AMOR O. REAL   | POSITION: ADMINISTRATIVE ASSISTANT III  |
| EMAIL ADDRESS: cherryamorreal24@gmail.com   | MOBILE NUMBER: 0977-806-3528  |

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

\_\_\_\_\_  
PRINTED NAME AND SIGNATURE  
In-charge

\_\_\_\_\_  
23 JULY 2024  
DATE



**NOTE:** Please send the accomplished form at [isdms@bicto.bangsamoro.gov.ph](mailto:isdms@bicto.bangsamoro.gov.ph). For inquiries, you may call us at **09653848388**. Please wait for an email notification from the **bangsamoro.gov.ph** Domain Registrar regarding your application. The notice will be emailed to the authorized contact person/s you indicated in this form.



## INSTRUCTIONS IN FILLING OUT ICT TECHNICAL ASSISTANCE FORM

1. All fields in the forms must be filled out. If not applicable, write N/A.
2. Entries in the forms may be filled out by typing or by handwriting. 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,*
5. *Governor Gutierrez Avenue, Rosary Heights VII, Cotabato City 9600*).
6. Check the nature of request and choose your desired technical assistance.
  - a. **Tech Support** - Use this if you need help with fixing device problems, installing and using software, internet and Wi-Fi assistance, file management, or online safety.
  - b. **Device Setup** - Use this if you need assistance with setting up devices like smartphones, tablets, and computers.
  - c. **Communications** - Use this if you need help with email, messaging apps, or online chat tools provided by the Bangsamoro Government.
  - d. **Maintenance and Troubleshooting** - Use this if you need information on updates, device maintenance or troubleshooting, or tips on staying safe online.
  - e. **Account Security** - Use this if you want tips for secure password and account management.
  - f. **Cloud Services** - Use this if you need help with using online storage and file sharing services.
  - g. **Remote Assistance** - Use this if you need support for getting help online.
7. There should be at least two (2) technical contact person and should be an employee of your agency. Technical contact from a third party is **NOT** allowed. Each technical contact person should have different phone numbers and email addresses.
8. Tick the box “I hereby certify that the information provided above is true and correct.”
9. The requesting personnel must affix his/her signature over printed name and indicate the date when the form was signed.
10. Submit the scanned copy (in PDF format) together with the letter of request to [isdms@bicto.bangsamoro.gov.ph](mailto:isdms@bicto.bangsamoro.gov.ph).