



BGOVICT Form No. G0001v2.3.s2024

ICT TECHNICAL ASSISTANCE FORM

COMPLETE NAME OF ORGANIZATION	OFFICE OF BANGSAMORO MUJAHIDEEN UNDER SPECIAL CIRCUMSTANCE (OBMUSC)	
COMPLETE ADDRESS OF ORGANIZATION	ROSARY HEIGHTS V, COTABATO CITY, BARMIN, PHILIPPINES	
TICKET CODE <small>Please attached the BICTO Support Desk System ticket code</small>	1549	
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 type="checkbox"/> BGOVMAIL <input type="checkbox"/> BGWHS <input type="checkbox"/> BGVCs <input type="checkbox"/> BGMPs <input type="checkbox"/> BGDNS <input 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>	This request is intended to ensure credibility, enhance security, and uphold transparency in the execution of the officers' mandate.	

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	
NAILA E. ABUBAKAR	NAME	QUEVIN G. CABALLERO	NAME
abubakarnaila98@gmail.com	Email	quevincaballero11235@gmail.com	Email
EXECUTIVE ASSISTANT II	Designation	INFORMATION SYSTEM ANALYST III	Designation
0955-324-4396	Contact Number	0960-607-1677	Contact Number

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

<input type="checkbox"/> Digital Copy	<div>APPROVED DISAPPROVED INCOMPLETE FOR REVIEW</div>	BICTO - ISDMS ONLY
	<div>PRINTED NAME AND SIGNATURE HEAD OF ORGANIZATION</div>	
	<div>JANUARY 23, 2025 Date signed</div>	
Seal this form using your organizations dry seal.		Received Stamp

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>.