



						BGOVICT Form No. G0001v2.3.s2024	
ICT TECHNICAL ASSISTANCE FORM							
	ETE NAME OF ANIZATION	Bangsamoro Planning and Development Authority					
COMPLETE ADDRESS OF ORGANIZATION RH-7.			BGC, Cotabato City				
Please attach	KET CODE  thed the BICTO Support  System ticket code						
TYPE OF	ORGANIZATION	Ministry -	Agency Office Special Project	CONCERN TYPE			
DIGITAL PLATFORMS GONCERN BGOVMA			BGWHS BGVCS BGMPS BGDNS Others			NEW ACCOUNT MODIFICATION	
PURPOSE OF REQUEST Please explain the details of the concern							
TECHNICAL INFORMATION SECTION							
FOR NEW ACCOUN							
	EMAIL OR USERAME OR DOMAIN		Other Details (Such as IP Address, etc.)	No.	EMAIL OR USERNAME OR DOMAIN	Other Details (Such as IP Address, etc.)	
2				2	bpda@bangsamoro.gov.ph		
3				3			
4				4			
	5			5			
6				6			
7				7			
8				8			
9				9			
10				10			
TECHNICAL CONTACT SECTION							
	PRI	MARY CON	TACT FOCAL		SECONDARY CO	ONTACT FOCAL	
				I M			
Name			P		Name		
				T A			
Email				N T	Email		
*				D E			
Designation				A I	Designation		
L S							
Contact Number					Contact Number		
I hereby certify that the information provided in this form is true and correct.							
Digital Copy			Leanabai M Sakal, MMEnp			BICTO - ISDMS ONLY	
			PRINTED NAME AND SIGNATURE				
			HEAD OF ORGANIZATION				
Seal this form using your organizations dry seal.			Date signed			Received Stamp	
ACTION SLIP (BICTO ONLY)							
	REVIEWED BY		ACTION TAKEN		FINAL APPROVAL	RECOMMENDATION	
			APPROVED DISAPPROVED INCOMPLETE FOR REVIEW		DATU RAFFY RALPH S. SINSUAT, MSc.IT	☐ APPROVED ☐ DISAPPROVED	
					SECTION HEAD		



## **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 Gutierez 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.