

ICT TECHNICAL ASSISTANCE FORM

COMPLETE NAME OF ORGANIZATION	Ministry of Public Order and Safety					
COMPLETE ADDRESS OF ORGANIZATION	Givfrell Building, Gov. Gutierrez Ave, Cotabato City, Philippines					
TICKET CODE <small>Please attached the BICTO Support Desk System ticket code</small>	#1586					
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 checked="" type="checkbox"/> BGVCS <input type="checkbox"/> BGMPS <input type="checkbox"/> BGDNS <input type="checkbox"/> Others				<input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> MODIFICATION	
PURPOSE OF REQUEST <small>Please explain the details of the concern</small>	<p>Assalamoalaikom!</p> <p>We are requesting to renew our Zoom subscription which expired on February 13, 2025.</p>					


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			1	admin@mposbarmm.ph	
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

TECHNICAL CONTACT SECTION

PRIMARY CONTACT FOCAL		I M P O R T A N T D E T A I L S	SECONDARY CONTACT FOCAL	
Nasrodeyn Dapitanon Matapid			Jearl Marwin P. Joco	
Name			Name	
admin@mposbarmm.ph			jmarwinjoco03@gmail.com	
Email			Email	
Development Management Officer III			Media Systems Officer	
Designation			Designation	
09178119598			09154309619	
Contact Number			Contact Number	

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

<input type="checkbox"/> Digital Copy Seal this form using your organizations dry seal.	 HUSSEIN P. MUÑOZ PRINTED NAME AND SIGNATURE HEAD OF ORGANIZATION	BICTO - ISDMS ONLY <i>Received Stamp</i>
	<i>February 14, 2025</i>	
	<i>Date signed</i>	

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>.