



BGOVICT Form No. G0001v2.3.s2024

## ICT TECHNICAL ASSISTANCE FORM

COMPLETE NAME OF ORGANIZATION	Bangsamoro Attorney General's office	
COMPLETE ADDRESS OF ORGANIZATION	BGC, Cotabato City	
TICKET CODE <small>Please attach the BICTO Support Desk System ticket code</small>		
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 checked="" type="checkbox"/> BGOVMAIL <input type="checkbox"/> BGWHS <input type="checkbox"/> BGVCS <input type="checkbox"/> BGMPs <input type="checkbox"/> BGDNS <input type="checkbox"/> Others	<input type="checkbox"/> NEW ACCOUNT <input checked="" type="checkbox"/> MODIFICATION
PURPOSE OF REQUEST <small>Please explain the details of the concern</small>	MODIFICATION OF GOV. MAIL ACCOUNT	

## 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	magulkipli@gmail.com	
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	
Jasser D. Cabilangan	Name	HAIFA T. PANONTONGAN	Name
JasserCabilangan@gmail.com	Email	haifapanontongan@gmail.com	Email
IT personnel	Designation	EA II	Designation
0930216094	Contact Number	0927 407 8507	Contact Number

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

<input type="checkbox"/> Digital Copy  <small>Seal this form using your organizations dry seal.</small>		BICTO - ISDMS ONLY   Received Stamp
	ATTY. MOHAMMAD AL-AMIN M. JULKIPHI	
	PRINTED NAME AND SIGNATURE	
	HEAD OF ORGANIZATION	
	SEPTEMBER 19, 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



## 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>.