



BGOVICT Form No. G0001v2.3.s2024

ICT TECHNICAL ASSISTANCE FORM	
COMPLETE NAME OF ORGANIZATION	BAGSAMORO ATTORNEY GENERAL'S OFFICE
COMPLETE ADDRESS OF ORGANIZATION	BGC, Cotabato City
TICKET CODE <small>Please attached 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 type="checkbox"/> MODIFICATION
PURPOSE OF REQUEST <small>Please explain the details of the concern</small>	Requesting Assistance for GovMail Forgot Password

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	magulkipili@gmail.com	
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

PRIMARY CONTACT FOCAL		SECONDARY CONTACT FOCAL	
Jassen D. Cabilangan			
Name		Name	
Jassen.cabilangan@gmail.com			
Email		Email	
IT personnel			
Designation		Designation	
09302160034			
Contact Number		Contact Number	

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

☐ Digital Copy

**BICTO - ISDMS ONLY**

ATTY. MOHAMMAD AL-AMIN M. JULKIPUR

PRINTED NAME AND SIGNATURE  
HEAD OF ORGANIZATION

Seal this form using your organizations dry seal.

Date signed \_\_\_\_\_

Received Stamp

## ACTION SLIP (BIC TO ONLY)

REVIEWED BY

### ACTION TAKEN

### FINAL APPROVAL

## RECOMMENDATION

☐ APPROVED  
☐ DISAPPROVED  
☐ INCOMPLETE  
☐ FOR REVIEW

**DATU RAFFY RALPH S. SINSUAT, MSc.IT**  
SECTION HEAD

☐ APPROVED    ☐ 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>.