



						BGOVICT Form No. G0001v2.3.s2024	
ICT TECHNICAL ASSISTANCE FORM							
	MPLETE NAME OF ORGANIZATION	OCM - ADMINISTRATIVE MANAGEMENT SERVICE OFFICE OF THE DIRECTOR					
	PLETE ADDRESS OF ORGANIZATION	BGC, Gov. Gutierrez Ave., RH VII Cotabato City					
Please	TICKET CODE attached the BICTO Support Desk System ticket code	1455	·				
	E OF ORGANIZATION	☐ Ministry ☐ Agency ☑ Office ☐ Special Project ☐ Others				CONCERN TYPE	
DIC	GITAL PLATFORMS CONCERN	☐ BGOVMAIL ☐ BGWHS ☐ BGVCS ☐ BGMPS ☐ BGDNS ✔ Others				NEW ACCOUNT MODIFICATION	
PURPOSE OF REQUEST Please explain the details of the concern							
TECHNICAL INFORMATION SECTION							
N.		FOR NEW ACCO		ION ONLY			
No.	ams@bangsam		Other Details (Such as IP Address, etc.)	No.	EMAIL OR USERNAME OR DOMAIN	Other Details (Such as IP Address, etc.)	
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TECHNICAL CONTACT SECTION							
PRIMARY CONTACT FOCAL SECONDARY CONTACT FOCAL							
	VIRGILIO S. B	UENO JR.					
		Nam	e	o Nar		ne	
jayarbueno23@gmail.com				T A N	Г а N		
		Ema			Email		
Administrative Assistant IV				E T	5		
Designation A					Designation		
0955 321 6886				S	Contact Number		
Contact Number Contact Number							
I hereby certify that the information provided in this form is true and correct.							
Digital Copy BICTO - ISDMS ONLY							
	луна сору		$\sqrt{f_1}$	pul	14		
			VMJ-HO				
			PRINTED NAME AND SIGNATURE				
			HEAD OF ORGANIZATION				
			October 26, 2024			Received Stamp	
Seal this form using your organizations dry seal. Date signed ACTION SLIP (BICTO ONLY)						πετεινεά σιατήρ	
REVIEWED BY ACTION TAKEN FINAL APPROVAL RECOMMENDATION							
			APPROVED			APPROVED DISAPPROVED	
			DISAPPROVED				
			INCOMPLETE FOR REVIEW		DATU RAFFY RALPH S. SINSUAT, MSc.IT 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.