

COMPLETE NAME OF ORGANIZATION

BANGSAMORO COMMISSION FOR THE PRESERVATION OF CULTURAL HERITAGE

COMPLETE ADDRESS OF ORGANIZATION

Don Teodoro V. Juliano Avenue, Rosary Heights XII, Cotabato City

TICKET CODE

1617

TYPE OF ORGANIZATION

☐ Ministry

☒ Agency

☐ Office

☐ Special Project

☐ Others

CONCERN TYPE

DIGITAL PLATFORMS CONCERN

☐ BGOVMAIL

☐ BGWHS

☐ BGVCs

☐ BGMPs

☐ BGDNS

☒ Others

☐ NEW ACCOUNT

☒ MODIFICATION

PURPOSE OF REQUEST

Renewal of Zoom Official Account for online meetings and such.

FOR NEW ACCOUNTS ONLY

TECHNICAL INFORMATION SECTION

No.

EMAIL OR USERNAME OR DOMAIN

Other Details (Such as IP Address, etc.)

1

bcpch@bangsamoro.gov.ph

2

3

4

5

6

7

8

9

10

TECHNICAL CONTACT SECTION

PRIMARY CONTACT FOCAL

SALEM Y. LINGASA, Ph.D.

Name

saemyulif6@gmail.com

Email

Chairperson

Designation

Contact Number

SECONDARY CONTACT FOCAL

RAIMARIE S. LOSARIA, MIT

Name

ict.bcpch@gmail.com

Email

Information Systems Analyst I

Designation

09956138882

Contact Number

FOR MODIFICATION ONLY

TECHNICAL INFORMATION SECTION

No.

EMAIL OR USERNAME OR DOMAIN

Other Details (Such as IP Address, etc.)

1

bcpch@bangsamoro.gov.ph

2

3

4

5

6

7

8

9

10

FOR MODIFICATION ONLY

TECHNICAL CONTACT SECTION

PRIMARY CONTACT FOCAL

SALEM Y. LINGASA, Ph.D.

Name

saemyulif6@gmail.com

Email

Chairperson

Designation

Contact Number

SECONDARY CONTACT FOCAL

RAIMARIE S. LOSARIA, MIT

Name

ict.bcpch@gmail.com

Email

Information Systems Analyst I

Designation

09956138882

Contact Number

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

BICTO - ISDMS ONLY

Received Stamp

PRINTED NAME AND SIGNATURE


SALEM Y. LINGASA, Ph.D.

HEAD OF ORGANIZATION

March 11, 2025

Date signed

Seal this form using your organizations dry seal.



ACTION SLIP (BICTO ONLY)

REVIEWED BY

ACTION TAKEN

FINAL APPROVAL

RECOMMENDATION

APPROVED

DISAPPROVED

INCOMPLETE

FOR REVIEW

DATU RAFFY RALPH S. SINSUAT, MSC.IT

SECTION HEAD

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>.

Name: <u>Almora Ruy</u>	
Date: <u>11 MAR 2025</u>	Time: <u>10:51am</u>
RECEIVED	
Records Unit	
BANGSAMORO GOVERNMENT - Department of Muslim Mindanao	
BANGSAMORO GOVERNMENT - DEPARTMENT OF MUSLIM MINDANAO	