



BGOVICT Form No. G0001v2.3.s2024

## ICT TECHNICAL ASSISTANCE FORM

COMPLETE NAME OF ORGANIZATION	MINISTRY OF ENVIRONMENT, NATURAL RESOURCES, AND ENERGY	
COMPLETE ADDRESS OF ORGANIZATION	BANGSAMORO GOVERNMENT CENTER, ROSARY HEIGHTS VII, COTABATO CITY	
TICKET CODE <small>Please attached the BICTO Support Desk System ticket code</small>	#1628	
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 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>	The administrator forgot the password after changing the temporary password. This request will facilitate the transfer of these accounts to the designated users thereafter.	

## 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	akmad.brahim@bangsamoro.gov.ph	
2			2	muslima.asmail@bangsamoro.gov.ph	
3			3	xxx nothing follows xxx	
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

## TECHNICAL CONTACT SECTION

PRIMARY CONTACT FOCAL		SECONDARY CONTACT FOCAL	
NAJIVE NAVA		ALIBASER A. DATUMANGUDA	
Name		Name	
najive.menre@gmail.com		vazdatumanguda@gmail.com	
Email		Email	
Information Officer		Media Production Specialist	
Designation		Designation	
+63928 551 9758		+63965 0463444	
Contact Number		Contact Number	

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

<input checked="" type="checkbox"/> Digital Copy	<div>ABDUL JABBAR A. MAROHOM</div> <div>PRINTED NAME AND SIGNATURE</div> <div>HEAD OF ORGANIZATION</div> <div>2025-03-25</div> <div>Date signed</div>	BICTO - ISDMS ONLY
Seal this form using your organizations dry seal.		Received Stamp

## 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>.