



BGOVICT Form No. G0001v2.3.s2024							
ICT TECHNICAL ASSISTANCE FORM							
	MPLETE NAME OF ORGANIZATION						
COMPLETE ADDRESS OF							
	DRGANIZATION TICKET CODE						
Please	e attached the BICTO Support Desk System ticket code						
TYP	E OF ORGANIZATION	Ministry Agency Office Special Project Others				CONCERN TYPE	
DIC	GITAL PLATFORMS CONCERN	BGOVMAIL BGWHS BGVCS BGMPS BGDNS Others				NEW ACCOUNT	
	CONCERN				MODIFICATION		
	POSE OF REQUEST						
Please	explain the details of the concern						
TECHNICAL INFORMATION SECTION							
		FOR NEW ACCO	TS ONLY FOR MODIFICATION ONLY				
No.	EMAIL OR USERAME OR DOMAIN		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							
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Designation A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Design	Designation	
Contact Number Contact Number						Number	
I hereby certify that the information provided in this form is true and correct.							
Digital Copy						BICTO - ISDMS ONLY	
			PRINTED NAME AND SIGNATURE				
			HEAD OF ORGANIZATION				
			Date signed			Received Stamp	
Sea	ıl this form using your organ	izations dry seal.	ACTION SLIP (BICTO ONLY)			received blamp	
	REVIEWED BY		ACTION TAKEN		FINAL APPROVAL	RECOMMENDATION	
			APPROVED			APPROVED DISAPPROVED	
			DISAPPROVED INCOMPLETE				
			FOR REVIEW		DATU RAFFY RALPH S. SINSUAT, MSc.IT		



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.