



# GWHS Account Modification Form

(Note: Please read the attached instructions before filling out this form)

## Agency Information

Complete Name of Agency	
Complete Address of Agency	
Website Domain Name	
Region	Fax Number
Telephone Number / Mobile Number	

## Main Technical Contact Person

Name	Mobile Number/s
Position/Designation	Email Address

## Alternate Technical Contact Person # 1

Name	Mobile Number/s
Position/Designation	Email Address

## Alternate Technical Contact Person # 2

Name	Mobile Number/s
Position/Designation	Email Address

I hereby certify that the information provided above is true and correct.

\_\_\_\_\_  
Name and Signature  
Head of the Organization

\_\_\_\_\_  
Date

**NOTE:** Submit this form, in PDF format, to [gwhssupport@dict.gov.ph](mailto:gwhssupport@dict.gov.ph). Please wait for an email notification from DICT Help Desk regarding your request. The notice will be emailed to the main technical contact person you indicated in this form.

## INSTRUCTIONS IN FILLING OUT GWHS ACCOUNT MODIFICATION FORM

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 by typing or by handwriting. If handwritten, please write legibly.
3. Indicate the **COMPLETE** name of your agency. **DO NOT ABBREVIATE** (e.g. *Department of Information and Communications Technology*).
4. Indicate the **COMPLETE** address of your agency (e.g. *C.P Garcia Ave., Diliman, Quezon City*).
5. Indicate the **registered .gov.ph domain name** of your Agency (e.g. *dict.gov.ph*)
6. There should be at least two (2) technical contact person and should be an employee of your agency. Technical contact from a third party is **NOT** allowed. Each technical contact person should have different phone numbers and email addresses.
7. Tick the box **“I hereby certify that the information provided above is true and correct.”**
8. The Agency Head, Chief Information Officer, or MIS head must affix his/her signature over printed name and indicate the date when the form was signed.
9. Submit the scanned copy (in PDF format) to [gwhssupport@dict.gov.ph](mailto:gwhssupport@dict.gov.ph).



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(Note: Please read the attached instructions before filling out this form)

### Agency Information

Complete Name of Agency <b>Department of Information and Communications Technology</b>	
Complete Address of Agency <b>C.P Garcia Ave., Diliman, Quezon City</b>	
Website Domain Name <b>agency.gov.ph</b>	
Region <b>NCR</b>	Fax Number <b>N/A</b>
Telephone Number / Mobile Number <b>8-920-0101</b>	

### Main Technical Contact Person

Name <b>Francisco Rivera</b>	Mobile Number/s <b>09199610352</b>
Position/Designation <b>Computer Programmer III</b>	Email Address <b>rivera.francisco@gmail.com</b>

### Alternate Technical Contact Person # 1

Name <b>Gregorio Salvador</b>	Mobile Number/s <b>09174309617</b>
Position/Designation <b>Computer Maintenance Technologist II</b>	Email Address <b>salvador.gregorio@gmail.com</b>

### Alternate Technical Contact Person # 2

Name <b>Jose Mercado</b>	Mobile Number/s <b>09158350176</b>
Position/Designation <b>Information System Researcher I</b>	Email Address <b>mercado.jose@gmail.com</b>

I hereby certify that the information provided above is true and correct.

(Please refer to the instructions page for authorized signatories)

\_\_\_\_\_  
Name and Signature  
Head of the Organization

01/01/2022

\_\_\_\_\_  
Date

**NOTE:** Submit this form, in PDF format, to [gwssupport@dict.gov.ph](mailto:gwssupport@dict.gov.ph). Please wait for an email notification from DICT Help Desk regarding your request. The notice will be emailed to the main technical contact person you indicated in this form.