



Administrator Information Form

This form is intended to **Register** or **Update** admin(s) information of your Agency using **Government-wide Email System (GovMail)**

Please choose one of the following options: (check the box)

- New Application
 Change Existing Administrator Details
 Replace Administrator Account/Personnel (*Indicate the former administrator name and email in Remarks*)

I. Agency Information

a. Agency		b. Domain	
c. Agency Address			
d. Telephone Number		e. Fax Number	

II. Primary Administrator (admin-1)

a. Full Name			
b. Agency Email		c. Alternate Email	
d. Position			
e. Phone (Office)		f. Mobile Number	
g. Remarks			

III. Secondary Administrator (admin-2)

a. Full Name			
b. Agency Email		c. Alternate Email	
d. Position			
e. Phone (Office)		f. Mobile Number	
g. Remarks			

as the **Authorized Signatory of the Agency**, I hereby certify that the Personnel's information provided above are true and authorize them to administer our Agency **Government-wide Email System (GovMail)**.

(Signature above Printed Name)
Authorized Signatory

Date