



LCS/CRF/01b

COMPLIANCE RETURN FORM

FOR

DOCUMENT EXCHANGE OPERATOR

FOR PERIOD...../...../YEAR.....

**PURSUANT TO SECTION 27 AND 52 OF THE KENYA COMMUNICATION ACT AND
THE LICENSE CONDITIONS**

All relevant parts of this form must be completed

1.GENERAL INFORMATION

1.1 Licensing information

Name of Licensee:

License No.:

Period under review (Tick against appropriate quarter)

Quarter 1 (1 st July – 30 th Sep) Year	Quarter 2 (1 st Oct – 31 st Dec)Year	Quarter 3 (1 st Jan – 31 st Mar)Year	Quarter 4 (1 st Apr – 30 th Jun) Year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Licenses held:

1.2 Address

Physical address:

Postal address:

1.3 Contact details

Name of contact person:Designation.....

Telephone: Fax:

Email:Web
Postal Address.....Postcode.....

3.SERVICE VOLUME (QUANTITY)

Service	Incoming for exchange		
Letters/documents (below 350 gms)			
Parcels			
Others			
Total			

4. TARRIFS/MEMBERSHIP FEES

Please state/attach the tariff/membership fees structure for services.

5. LICENCE FEES

The last annual operating licence fees paid was Ksh.....relating to financial year...../.....

6. QUALITY OF SERVICE

6.1 What are the opening hours in which members can have access to delivery receptacles/boxes_____

6.2 What arrangements are in place to guard against items being on hand for excessive periods (uncollected)?

7. STAFF

Staff category	Local (Kenyan Citizens)		Expatriates	
	Male	Female	Male	Female
Technical				
Non Technical				
Total				

8.FINANCIAL DATA- MANDATORY REQUIREMENT

Please provide annual audited report of accounts.

9. COMMENTS/ SUGGESTIONS

Please indicate challenges and suggestions to improve the regulatory environment.

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THANK YOU FOR COMPLETING THE FORM

Name and Signature of contact person submitting return:

Name.....

Signature.....

Date:

Telephone contact.....

