



**COMPLIANCE RETURN FORM**

**CONTENTS SERVICE PROVIDER**

**PURSUANT TO THE PROVISIONS OF THE KCA 1998, KC (A) A, 2009 AND THE LICENSE CONDITIONS**

**1. GENERAL INFORMATION**

**1.1** Name of Licensee: \_\_\_\_\_

License No: \_\_\_\_\_

Other Licenses held: \_\_\_\_\_

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**1.2** **Period under review** (Tick against appropriate quarter)

**YEAR** \_\_\_\_\_

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

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**1.3** **Address**

Postal address: \_\_\_\_\_

Physical address: \_\_\_\_\_

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**1.4** **Contact details**

Name and title of CEO \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Designation: \_\_\_\_\_

Telephone: (a) Landline \_\_\_\_\_ (b) Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web address: \_\_\_\_\_

Signature of submitting contact person: \_\_\_\_\_ Date \_\_\_\_\_

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**1.5 Instructions**

1. The form has provision for both quarterly and annual returns.
2. Please provide information in the space provided, you may insert additional rows and pages as required.
3. Please do not delete

**PART A: QUARTERLY REPORTING SECTION**

**(Information to be submitted at the end of every Quarter)**

**2. SERVICES OFFERED TO END USERS<sup>1</sup>**

Service provided	Period of service provision	Access No. used	Network Operators whose Subscribers can access the Service (eg Safaricom, Celtel, TKL, Essar etc)	Authorisation by Content Control Agency <sup>2</sup> & validity period	Tariff (Per sec, Min or per SMS etc)	Total No. of call/SMS	Total No. of mins

<sup>1</sup> Note that you may be required to repeat some of the information given at part 1. above

<sup>2</sup> Content Controller is an agency authorized in law to regulate the related content Eg **Betting Control of Kenya** for lottery, **meteorology** for weather,

**3. SERVICES PROVIDED TO CONTENT OWNERS<sup>3</sup>** (hereafter referred to as Clients)

Service provided	Client Name	Access No. used	Type of connect between licensee and client e.g. VSAT, Fiber etc	Capacity of the connection eg No. of lines, Megabits etc	Access technology e.g. Dial up, leased line	Tariff


<sup>3</sup> **Content Owners** are entities which wish to avail their content to the public eg KPLC power bills, Kenya National Examination Council exam results etc

4. **QUALITY OF SERVICE** (as measured through complaints resolution)

**4.1 Complaints Resolution**

Complaints	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Network faults						
Poor service reception						
Disconnection while service is in progress						
Billing						
Poor customer service						
Spam control						
Others (please specify)						
<b>TOTAL</b>						

## **PART B: ANNUAL REPORTING SECTION**

**(Information to be submitted at the end of the Quarter ending 30<sup>th</sup> June)**

### **5. FINANCIAL DATA:**

From Annual report (Year.....)	Amount
Revenue	
EBITDA	
EBIT	
Accounts Payable	
Fixed Asset Register	
Cash payments to suppliers during the year	

Please also submit with this form a copy of your Annual Audited Accounts for the preceding year.

### **6. STAFF**

Staff category		Local (Kenyan Citizens)		Expatriates	
		Male	Female	Male	Female
<b>Technical</b>	Permanent				
	Contract				
	Temporary				
<b>None Technical</b>	Permanent				
	Contract				
	Temporary				
<b>Total</b>					

### **7. NUMBERING RESOURCES**

#### **7.1 Numbers for fixed telephony, Free Phone and Premium Rate services**

National Destination Code (NDC) (e.g. 020, 041, 0800, 0900, etc.)	Number series e.g. 31xxxxx	Total numbers in the block/series	Numbers in use	Numbers not in use	Reasons for non usage

#### **7.2 Other Numbering Resources**

Other resources (e.g. Signaling Point Codes, Short Codes etc)	Total numbers assigned	Numbers in use	Numbers not in use	Reasons for non Usage

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**8. COMMENTS/ SUGGESTIONS**

Please share any challenges or make suggestions to improve the communications regulatory environment.

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Signed.....

Name.....

Title.....

Date .....

Company Stamp Here
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**THANK YOU FOR COMPLETING THE FORM**