



COMPLIANCE RETURN FORM

INTERNATIONAL SYSTEMS AND SERVICES (IGS) AND/OR SUBMARINE CABLE LANDING (SCR)

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: _____

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

YEAR _____

Quarter 1	Quarter 2	Quarter 3	Quarter 4
(1 st July – 30 th Sep)	(1 st Oct – 31 st Dec)	(1 st Jan – 31 st Mar)	(1 st Apr – 30 th Jun)

1.3 **Address**

Postal address: _____

Physical address: _____

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 _____

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. **TYPES OF INFRASTRUCTURE/TECHNOLOGY DEPLOYED UNDER THIS IGS LICENSE**

No.	Type of infrastructure	Brief Description

3. SYSTEMS CAPACITY

3.1 International internet/data capacity

INTERNATIONAL PROVIDER	Service Internet/Data*	BANDWIDTH (Mbps)							
		Satellite				Undersea Cable			
		Incoming		Outgoing		Incoming		Outgoing	
		Leased	Used	Leased	Used	Available	Used	Available	Used
	TOTAL								

Data*- Data other than internet e.g. intracorporate data, point of sale data

3.2 International Voice Routing

INTERNATIONAL ROUTING						
NAME OF CARRIER/ COUNTRY OF DESTINATION	NO. OF CIRCUITS			TECHNOLOGIES (Submarine OFC, Satellite or Terrestrial/Regional)*	SIGNALLING (SS5,SS7)	
	I C	O G	B W			

IC - Incoming Circuits

OG – Outgoing Circuits

BW – Both way Circuits

3.3 Satellite Hub systems

Location of Hub _____

(Name/Code) _____

Name of external satellite provider	Satellite Transponder Leased Bandwidth				No. of VSATs Connected	Max no. of VSAT the Hub can support
	Leased Capacity		Used Capacity			
	Incoming	Outgoing	Incoming	Outgoing		
TOTAL						

4. CUSTOMER COMPLAINTS

Complaints	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Total Number						
Network Faults						
Poor Service Reception						
Disconnection						
Billing						
Interconnection						
Others (Please Specify)						
Total complaints						

5. QUALITY OF SERVICE

NETWORK PARAMETERS	
Network Parameter	Value
Network Availability (Uptime %)	
Average no. of Faults per month	
Average Fault Repair time	
Average Packet Loss	
Average Delay	
Average Error rate	
SERVICE DELIVERY	
Completed Calls	
Call Set Up Success Rate	
Call Drop Rate	
Call Block Rate	
Speech Quality	
Call Set Up Time	
SERVICE PARAMETER	
Complaints per 1000 bills	
Percentage of calls for operator service answered within 15 seconds	
Exchange capacity installation	

PART B: ANNUAL REPORTING SECTION

(Information to be submitted together with part A at the end of the Quarter ending 30th June)

6. INFORMATION ABOUT DIRECTORS (Attach form CR/12 if not provided previously or where changes have occurred)

Names of Directors/Shareholders	Citizenship/Country of Registration	Shareholding (Percentage)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

7. SATELLITE EARTH STATIONS/HUBS

	Name of Earth Station/Hub	Location of Earth Station/Hub	Access Satellite	Location Of Satellite (°)	Antenna Size (m)
1.					
2.					
3.					
4.					
5.					
6.					
7.					

8. FINANCIAL DATA:

From Annual report	
Revenue	
EBITDA	
EBIT	
Accounts Payable	
Fixed Asset Register	
Cash payments to suppliers during the year	

Additionally, please submit with this form a copy of your Annual Audited Accounts for the preceding year.

9. STAFF

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

10. COMMENTS/ SUGGESTIONS

Please share any challenges and suggestions to improve the regulatory environment.

Signed.....

Name.....

Title.....

Date



THANK YOU FOR COMPLETING THE FORM