



**COMPLIANCE RETURN FORM**  
**TELECOMMUNICATIONS CONTRACTOR**

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

**1. GENERAL INFORMATION**

1.1 Name: \_\_\_\_\_

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

---

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

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

Quarter 1  
(1<sup>st</sup> July – 30<sup>th</sup> Sep)

Quarter 2  
(1<sup>st</sup> Oct – 31<sup>st</sup> Dec)

Quarter 3  
(1<sup>st</sup> Jan – 31<sup>st</sup> Mar)

Quarter 4  
(1<sup>st</sup> Apr – 30<sup>th</sup> Jun)

---

1.3 **Address**

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

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

---

1.4 **Contact details**

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**2. DETAILS OF INSTALLATIONS**

No	Type of (e.g. VSAT, PABX, Data equipment, Internal and External Cabling, Radio, LAN etc	Make, Model & Capacity	CCK Type Approval Number	Client's name and physical address including town, street, building name, floor number,	Client's Postal & Telephone Contact	Date of Installation	Name of project Technical Personnel supervising the project
1.							
2.							
3.							
4.							
5.							
6.							
7.							

**3. DETAILS OF FREQUENCY UTILISATION**

No	CCK authorization frequency licence number	Type of equipment (e.g. VSAT, Radio, etc)	Make, Model & Capacity	CCK Type Approval Number	Client's name and physical address including town, street, building name, floor number,	Client's Postal & Telephone Contact	Date of Installation
8.							
9.							
10.							
11.							
12.							
13.							
14.							

**4. COMMENTS/ SUGGESTIONS**

Please indicate challenges and suggestions to improve the regulatory environment.

---

---

---

---

---

Signed.....  
Name.....  
Title.....  
Date .....

Stamp Here
------------

---

**THANK YOU FOR COMPLETING THE FORM**