



COMPLIANCE RETURN FORM

FOR

CONTENT SERVICE PROVIDER (CSP)

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

1.0 GENERAL INFORMATION

1.1 Name of Licensee: _____
License No: _____
Other Licenses held: _____

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

Quarter 1 Quarter 2 Quarter 3 Quarter 4
(1st July – 30th Sep) (1st Oct – 31st Dec) (1st Jan – 31st Mar) (1st Apr – 30th 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 **Information about directors** (If there are any changes or if not provided previously)

Names of Directors	Citizenship	Shareholding (Percentage)
1.		
2.		
3.		
4.		
5.		

1.6 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)

PREMIUM RATE SERVICE PRODUCTS

Service provided	Period of service provision	Access No. used	Betting Control license validity period	Tariff (Per sec/Min or per SMS)	Total No. of call/SMS	Total No. of mins

VALUE ADDED SERVICE PRODUCTS

Service provided	Client Category e.g. Bank,	Technology Used e.g. VSAT, Fiber	Access terms e.g. Dial up, leased line	Tariff

QUALITY OF SERVICE

Complaints Resolution

Complaints	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Network Faults						
Poor Service Reception						
Disconnection						
Billing						
Poor Customer service						

Spam Control						
Others (Please Specify)						
TOTAL						

PART B: ANNUAL REPORTING SECTION

(Information to be submitted at the end of the Quarter ending 30th June)

FINANCIAL DATA: (Please also submit with this form a copy of your Annual Audited Accounts for the preceding year).

STAFF

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

NUMBERING RESOURCES

Numbers for fixed telephony, FreePhone 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

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

