



**COMPLIANCE RETURN FORM  
FOR**

**SUBMARINE CABLE LANDING LICENCE  
AND  
INTERNATIONAL GATEWAY LICENCE**

**PURSUANT TO THE PROVISIONS OF KICA, 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)

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)
<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 **Information about directors** (If there are any changes or if not provided previously)

<b>Names of Directors</b>	<b>Citizenship</b>	<b>Shareholding (Percentage)</b>
1.		
2.		
3.		
4.		

5.		
6.		
7.		
8.		

## 1.6 Instructions

- i. The form has provision for both quarterly and annual returns.
- ii. Please provide information in the space provided. You may insert additional rows and pages as required.
- iii. Please do not delete

### **PART A: QUARTERLY REPORTING SECTION**

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

#### **NETWORK SYSTEM CAPACITY**

<b>BANDWIDTH</b>	
Installed Capacity	Used Capacity

#### **CLIENTS SERVED**

CLIENTS NAME	BANDWIDTH			
	Leased		Used	
	Incoming	Outgoing	Incoming	Outgoing
1.				
2.				
3.				
4.				
5.				
<b>TOTAL</b>				

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

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

#### **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>					

**QUALITY OF SERVICE PARAMETERS**

**Please submit with this form the annual QoS report.**

**FINANCIAL DATA:**

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

**COMMENTS/ SUGGESTIONS**

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

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Authorized Signature: .....

Date: .....

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**THANK YOU FOR COMPLETING THE FORM**