



LCS/CRF/01

COMPLIANCE RETURN FORM

FOR

POSTAL AND COURIER OPERATORS

FOR PERIOD...../...../YEAR.....

**PURSUANT TO SECTION 27 AND 52 OF THE KENYA COMMUNICATION ACT AND
THE LICENSE CONDITIONS**

All relevant parts of this form must be completed

1.GENERAL INFORMATION

1.1 Licensing information

Name of Licensee:

License No.:

Period under review (Tick against appropriate quarter)

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

Other Licenses held:

1.2 Address

Physical address:

Postal address:

1.3 Contact details

Name of contact person:Designation.....

Telephone: Fax:

Email:Web
Postal Address.....Postcode.....

1.4 Information about directors

Names of Directors	Citizenship	Shareholding (Percentage)	Date Directorship acquired *
1.			
2.			
3.			
4.			
* - To be provided if the named director is new having joined board of directors during the reporting period. Associate necessary certificate from Registrar of Companies			

1.5 Instructions

- i. **The form has provision for information reporting requirements for quarterly and annual basis.**
- ii. **Please provide information in the space provided, you may insert additional rows and pages as required.**

PART A: This information is to be submitted on quarterly basis

2. OUTLETS INFORMATION

2.1 To be completed by Postal Corporation of Kenya (PCK)

Post office name	District	Category of postal outlet	No. of installed letter boxes	No. of letter boxes in use	No. of Waiters	No. of post office with internet connectivity

Intra country (local)									
International									

* Refer to Annex 1

PART B: This information is to be submitted on annual basis

7. STAFF

Staff category	Local (Kenyan Citizens)		Expatriates	
	Male	Female	Male	Female
Technical				
Non Technical				
Total				

8. FINANCIAL DATA

Please provide annual audited report of accounts.

9. COMMENTS/ SUGGESTIONS

Please indicate challenges and suggestions to improve the regulatory environment.

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THANK YOU FOR COMPLETING THE FORM

Name and Signature of contact person submitting return:

Name.....

Signature.....

Date:

Telephone contact.....
