



COMPLIANCE RETURN FORM

APPLICATION SERVICE PROVIDER

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
(1st July – 30th Sep)

Quarter 2
(1st Oct – 31st Dec)

Quarter 3
(1st Jan – 31st Mar)

Quarter 4
(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 **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. SERVICES PROVIDED UNDER THIS ASP LICENSE

	Service Offered	Brief Description on Scope of service
1.		
2.		
3.		
4.		
5.		
6.		
7.		

3. CUSTOMERS INFORMATION

3.1 Subscriptions

Category of subscriptions		Number of Subscriptions		
		1 st month in the quarter	2 nd month in the quarter	3 rd month in the quarter
Postpaid	2G			
	3G			
	Fixed line			
	Fixed wireless			
Prepaid	2G			
	3G			
	Fixed line			
	Fixed wireless			
Money transfer service registered subscriptions				
Broadband subscriptions	Mobile			
	Fixed			
Data/Internet subscriptions	Mobile			
	Fixed			
Number of payphones	Mobile			
	Fixed			

3.2 Customers' Internet connectivity

Access technology	Approximate No. of Subscribers	Data Volumes(Bytes) in period
GPRS/EDGE		
HSPA		
EVDO		
WiMAX		
Iburst		
Fiber Optic to the Home		
Fiber Optic to the offices		
Copper		
List Other Technologies as appropriate		

3.2.1 Points of Presence

Name of Town (POP)	Number of clients served under;								
	Govt	Health	Education	Commercial	Financial	Hospitality	SOHO	Cyber Cafes	Others(Specify)

3.3 ISP Broadband customers

Type of Broadband Subscribers	Number of customers
Above;	
256 Kbps	
512 Kbps	
1Mbps	
2Mbs	

4. TRAFFIC

4.1 Money Transfer Service

No. of Transaction (activities)	1 st month in the quarter	2 nd month in the quarter	3 rd month in the quarter
Sending			
Withdrawing			
Payment of Bills			
Deposits (Kshs) Handled			

4.2 Local traffic volume

Name of operator		Voice minutes		VOIP		SMS (Excluding money transfer)		MMS	
Intra-Network	Mobile								
	Fixed Wireless								
	Fixed line								
Other Networks		Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing	Incoming	Outgoing
1.	Mobile								
	Fixed Line								
	Fixed Wireless								
2.	Mobile								
	Fixed Line								
	Fixed Wireless								
3.	Mobile								
	Fixed Line								
	Fixed Wireless								
Total	Mobile								
	Fixed Line								
	Fixed Wireless								

List all service providers for internetwork traffic exchange

4.3 International traffic volume

Name Country/Carrier of Origin/Termination/ of	Circuit Switched Voice minutes				VOIP Minutes				SMS	
	Incoming		Outgoing		Incoming		Outgoing		Incoming	Outgoing
	Mobile	fixed	Mobile	fixed	Mobile	fixed	Mobile	fixed		
Total										

4.4 Mobile roaming traffic

Own Subscribers Roaming			Other Network Subscribers Roaming		
Voice	SMS	Data	Voice	SMS	Data

4.5 Data volumes

Access technology eg UMTS, GPRS/EDGE, WIMAX, FIBRE,	Average data Speeds offered	Data Volume usage(MB)	
		Upload	Download

5. **TARRIFFS** (Please attach to this form the tariff structure for all voice and data services).

6. QUALITY OF SERVICE**6.1 GSM services**

NETWORK PARAMETERS		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		
Handover Success Rate		
Received Signal Level	Indoor	
	In car	
	Outdoor	
Telephone main lines faults per 100 main lines per annum		
Average time taken for calls to be connected		
Average daily percentage of payphones in working condition		
Percentage of payphone faults repaired		
SERVICE PARAMETER		
Complaints per 1000 bills		
Percentage of calls for operator service answered within 15 seconds		
Waiting list for main lines		
Exchange line installation		
Percentage of telephone service faults cleared within 24 hrs		
Percentage of telephone service faults cleared within 48 hrs		

6.2 VOIP Applications

Medium	Application	Degree of symmetry	Key performance parameters and target values	
			One-way delay (ms)	information Loss (%)
Audio	Conversational voice	Two-way		
Audio	Voice messaging	one-way		
Audio	High quality streaming audio	one-way		
Video	Videophone	Two-way		
Video	One-way	One-way		

6.3 Data Applications

Medium	Application	Degree of symmetry	Typical amount of data	Key performance parameters and target values	
				One-way delay (ms)	Information loss (%)
Data	Web-browsing – HTML	Primarily one-way	~10 KB		
Data	Bulk data transfer/retrieval	Primarily one-way	10 KB-10 MB		
Data	Transaction services – high priority e.g. e-commerce, ATM	Two-way	< 10 KB		
Data	Still image	One-way	< 100 KB		
Data	Interactive games	Two-way	< 1 KB		
Data	Telnet	Two-way (asymmetric)	< 1 KB		
Data	E-mail (server access)	Primarily one-way	< 10 KB		
Data	E-mail (server to server transfer)	Primarily one-way	< 10 KB		
Data	Fax ("real-time")	Primarily one-way	~ 10 KB		
Data	Fax (store & forward)	Primarily one-way	~ 10 KB		
Data	Low priority transactions	Primarily one-way	< 10 KB		

6.4 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)

7. **INFORMATION ABOUT DIRECTORS/SHAREHOLDERS** (If there are any changes or if not provided previously)

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

8. **SERVICE PROVISION**

8.1 Data services

Company	Customer Category*	Technology (OFC, Wireless, Copper, VSAT)	Service e.g. intra-corporate, internet	Bandwidth		Monthly usage charge (incl. of VAT)
				Upstream	Downstream	

Note: Operators to list each corporate client and for individual users, provide average bandwidth usage and monthly charges.

*Health institutions, Government, Financial, Commercial, Academic, Individuals

8.2 Internet services

Company	Customer Category*	Technology Used (VSAT,OFC, Wireless, Copper)	Access terms e.g. Dial up, leased line	Bandwidth Purchased	
				Upstream	Downstream

*Health institutions, Government, Financial, Commercial, Academic, Individuals

8.3 GMPCS services

CUSTOMER DETAILS									
CLIENT DETAILS						HANDSET DETAILS			
Clients Name	Nationality	Date Purchased	Postal Address	Physical Address	Telephone Number	Make	Model	IMEU No.	Serial No.

9. FINANCIAL DATA:

From Annual report (Year.....)	Amount
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.

10. STAFF

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

11. NUMBERING RESOURCES

11.1 Numbers for fixed telephony, Free Phone and other services

National Destination Code (NDC) (e.g. 020, 041, 0800, 0900, etc.)	Number series e.g. 31xxxxx	Total numbers in the block/series allocated	Numbers in use	Numbers not in use	Reasons for non usage

11.2 Other Numbering Resources

Other numbering resources	Purpose for the numbers	Total numbers assigned	Numbers in use	Numbers not in use	Reasons for non Usage

12. COMMENTS/ SUGGESTIONS

Please share any challenges or make suggestions to improve the regulatory environment.

Signed.....

Name.....

Title.....

Date



THANK YOU FOR COMPLETING THE FORM