



**INFORMATION COMPLIANCE RETURN FORM**

**FOR**

**BUSINESS PROCESS OUTSOURCING SERVICE  
PROVIDERS**

**PURSUANT TO SECTION 23 AND SECTION 26 OF THE  
KENYA COMMUNICATION ACT AND THE LICENSE  
CONDITIONS**

**1. GENERAL INFORMATION**

1.1 Licensing information

Name of Licensee: .....

License No.: .....

Period under review (Tick against appropriate quarter)

Quarter 1                  Quarter 2                  Quarter 3                  Quarter 4  
(1<sup>st</sup> July – 30<sup>th</sup> Sep)    (1<sup>st</sup> Oct – 31<sup>st</sup> Dec)    (1<sup>st</sup> Jan – 31<sup>st</sup> Mar)    (1<sup>st</sup> Apr – 30<sup>th</sup> Jun)  
                                                                                                     

Other Licenses held: .....

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1.2 Address

Physical address: .....

Postal address: .....

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1.3 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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1.4 Information about directors

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

\* - To be provided if the named director is new having joined board of directors

during the reporting period.

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. INFORMATION ABOUT CUSTOMERS**

2.1 Domestic Call Center Service

	<b>Industry*</b>	<b>Service offered</b>	<b>No. of Customers</b>	<b>Contract period</b>
1.				
2.				
3.				

2.2 International Call Center Service

	<b>Country</b>	<b>Industry*</b>	<b>Service Provided</b>	<b>No. of Customers</b>	<b>Contract period</b>
1.					
2.					
3.					

**\* Indicate IT, Financial services, Communication (Telecom), Manufacturing, etc**

**3. CONNECTIVITY DETAILS**

3.1 Service provided by operator

<b>Call center location</b>	<b>Service provider</b>	<b>Access technology i.e. OFC, leased lines, Satellite</b>	<b>Bandwidth [MBps/KBps/Bps]</b>	
			<b>Uplink</b>	<b>Downlink</b>

3.2 Privately owned VSAT network

3.2.1 Network details

	<b>VSAT Station Location</b>	<b>Geo Coordinates</b>		<b>Frequency</b>		<b>Bandwidth of Link [(Mbps) /KBps/Bps]</b>	
		<b>Longitude</b>	<b>Latitude</b>	<b>Uplink</b>	<b>Downlink</b>	<b>Uplink</b>	<b>Downlink</b>
1							

2							
3							

3.2.2 Satellite provider

Name of satellite hub provider	Location of the HUB	
	country	City

4. **TARRIFS**

Please attach the tariff structure that includes both fixed and variable costs to the end user.



**6. STAFF**

Staff category	Number of Staff			
	Local (Kenyan Citizens)		Expatriates	
	Male	Female	Male	Female
Managers				
Technical				
Non technical				
<b>Total</b>				

**7. FINANCIAL DATA**

Please provide report of the annual audited accounts.

**8. COMMENTS/ SUGGESTIONS**

Please indicate challenges and suggestions to improve the regulatory environment.

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**THANK YOU FOR COMPLETING THE FORM**

Signature of contact person: .....

Date: .....

