



**Communications
Commission
of Kenya**

**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: _____

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

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

Names of Directors	Citizenship	Shareholding (Percentage)
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

BANDWIDTH	
Installed Capacity	Used Capacity

CLIENTS SERVED

CLIENTS NAME	BANDWIDTH			
	Leased		Used	
	Incoming	Outgoing	Incoming	Outgoing
1.				
2.				
3.				
4.				
5.				
TOTAL				

PART B: ANNUAL REPORTING SECTION

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

STAFF

Staff category		Local (Kenyan Citizens)		Expatriates	
		Male	Female	Male	Female
Technical	Permanent				

	Contract				
	Temporary				
None Technical	Permanent				
	Contract				
	Temporary				
Total					

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.

Authorized Signature:

Date:

THANK YOU FOR COMPLETING THE FORM