



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

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. **TYPES OF INFRASTRUCTURE/TECHNOLOGY DEPLOYED UNDER THIS NFP LICENSE**

No.	Type of infrastructure	Brief Description

3. **SYSTEMS CAPACITY**

4.1 Local Routing

ROUTING								
NO.	ROUTE			NO. OF CIRCUITS			TECHNOLOGY (DIGITAL/ANALOGUE)	SIGNALING SYSTEM (SS5,SS7)
	FROM	TO	TRANSMISSION SYSTEM(MW/OPTIC FIBRE)	IC	OG	BW		
1								
2								
3								
4								
5								

4. QUALITY OF SERVICE

NETWORK PARAMETERS		
Network Parameter		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		

5. CUSTOMER COMPLAINTS

Complaints	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Total Number						
Network Faults						
Poor Service Reception						
Disconnection						
Billing						
Interconnection						
Others (Please Specify)						
Total complaints						

PART B: ANNUAL REPORTING SECTION

(Information to be submitted together with part A at the end of the Quarter ending 30th June)

6. INFORMATION ABOUT DIRECTORS (If there are any changes or if not provided previously)

Names of Directors/Shareholders	Citizenship/Country of Registration	Shareholding (Percentage)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

7. SERVICES

8.1 Wireless BTS Services

No.	Base Station Location	Total No. of Customers* served	Number of Customers Utilizing Bandwidth							Installed Capacity	Used Capacity
			Below						Above		
			64	128	256	512	1024	2048	2048		
1.											
2.											
3.											
4.											
5.											
6.											
7.											
	Total										

*-The customers refer to customers signed to the respective Base Stations

8. MOBILE SYSTEMS CAPACITY

MSC location	Capacity			No. of BSC	No. of BTS
	MSC	HLR	VLR		

9. NETWORK COVERAGE

Land coverage (%)		Population coverage (%)	
Urban	Rural	Urban	Rural

10. FINANCIAL DATA:

From Annual report	
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.

11. STAFF

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

12. BASE TRANSCEIVER STATION (BTS) INFORMATION

No	BSC ID	BSC Name	Site ID	Site Name	BTS ID	BTS Site Longitude	BTS Site Latitude	Cell Name	Antenna Type	Height Above	Radiation Pattern	Antenna Elect Tilt	Antenna Mech Tilt	Azimuth
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														

BTS INFORMATION continued

No	Cell ID	MCC	MNC	BSIC	BCCH	ARFCN	HSN	UARFCNDL	PRIMARY SC	LAC	RAC	Number of TRX(S)
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												

13. INFORMATION ABOUT FREQUENCY UTILISATION

A) Fixed Wireless Access

SITE DATA AND ANTENNA PARAMETERS

SITE DATA									ANTENNA PARAMETERS								
Site Name	Site Id	No. Of Sectors	No. Of Trx Per Sector	Coordinates	Site Type (Urban/Sub-Urban)	Coverage Radius (Km)	Distance From Misc (Km)	Cell Radius (Km)	Power-Erp (Dbm)	K (MHz)	Frequency Range LINK (MHz)	Rf Bw (Mhz)	Height (M)	Type	Gain (Dbi)	Azimuth	POL. (V/H)
SITE A																	
SITE B																	
SITE C																	

15. COMMENTS/ SUGGESTIONS

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

Signed.....

Name.....

Title.....

Date



THANK YOU FOR COMPLETING THE FORM