



COMPLIANCE RETURN FORM

TELECOMMUNICATIONS CONTRACTOR

PURSUANT TO THE PROVISIONS OF THE KICA 1998, KC (A) A, 2009 AND THE LICENSE CONDITIONS

1. GENERAL INFORMATION

1.1 Name: _____

License No: _____

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**

Telephone: (a) Landline _____ (b) Mobile: _____ Fax: _____

Email: _____

Signature: _____

Date: _____

2. DETAILS OF INSTALLATIONS

No	Type of (e.g. VSAT, PABX, Data equipment, Internal and External Cabling, Radio, LAN etc	Make, Model & Capacity	CCK Type Approval Number	Client's name and physical address including town, street, building name, floor number,	Client's Postal & Telephone Contact	Date of Installation	Name of project Contractor
1.							
2.							
3.							
4.							
5.							
6.							
7.							

3. DETAILS OF FREQUENCY UTILISATION

No	CCK frequency authorization licence number	Type of equipment (e.g. VSAT, Radio, etc)	Make, Model & Capacity	CCK Type Approval Number	Client's name and physical address including town, street, building name, floor number,	Client's Postal & Telephone Contact	Date of Installation
8.							
9.							
10.							
11.							
12.							
13.							
14.							

4. COMMENTS/ SUGGESTIONS

Please indicate challenges and suggestions to improve the regulatory environment.

Signed.....

Name.....

Title.....

Date

Stamp Here

THANK YOU FOR COMPLETING THE FORM