



**COMPLIANCE RETURN FORM**

**TELECOMMUNICATIONS TECHNICAL PERSONNEL**

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

**1. GENERAL INFORMATION**

1.1 Name: \_\_\_\_\_

License No: \_\_\_\_\_

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

**YEAR** \_\_\_\_\_

Quarter 1  
(1<sup>st</sup> July – 30<sup>th</sup> Sep)

Quarter 2  
(1<sup>st</sup> Oct – 31<sup>st</sup> Dec)

Quarter 3  
(1<sup>st</sup> Jan – 31<sup>st</sup> Mar)

Quarter 4  
(1<sup>st</sup> Apr – 30<sup>th</sup> Jun)

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1.3 **Address**

Postal address: \_\_\_\_\_

Physical address: \_\_\_\_\_

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1.4 **Contact details**

Telephone: (a) Landline \_\_\_\_\_ (b) Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**2. DETAILS OF INSTALLATIONS**

| No | Type (e.g. VSAT, PABX, Data equipment, Internal and External Cabling, Radio, LAN etc) | Make, Model & Capacity | Client's name and physical address including town, street, building name, floor number, | Postal & Telephone Contact | Date of Installation |
|----|---|------------------------|---|----------------------------|----------------------|
| 1  |   |                        |   |                            |                      |
| 2  |   |                        |   |                            |                      |
| 3  |   |                        |   |                            |                      |
| 5  |   |                        |   |                            |                      |
| 6  |   |                        |   |                            |                      |
| 7  |   |                        |   |                            |                      |
| 8  |   |                        |   |                            |                      |
| 9  |   |                        |   |                            |                      |
| 10 |   |                        |   |                            |                      |
| 11 |   |                        |   |                            |                      |
| 12 |   |                        |   |                            |                      |
| 13 |   |                        |   |                            |                      |
| 14 |   |                        |   |                            |                      |
| 15 |   |                        |   |                            |                      |
| 16 |   |                        |   |                            |                      |

Signed.....

Name.....

Title.....

Date .....

|                            |
|----------------------------|
| Stamp Here<br><br><br><br> |
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**THANK YOU FOR COMPLETING THE FORM**