



COMPLIANCE RETURN FORM

TELECOMMUNICATIONS VENDOR

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 Address

Postal address: _____

Physical address (HQ): _____

Physical address of other vending outlets _____

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 _____

2. ANNUAL REPORT FOR YEAR _____

2.1. Instructions

1. Please provide information in the space provided, you may insert additional rows and pages as required.

2. Please do not delete

2.2. Communications end-user sets sold in the year

	Type e.g. Nokia	Model	Number sold
1			
2			
3			

2.3. Quality of Service as measured by resolved complaints

Total number of complaints received in the year	Number of complaints received while set is under warranty	Number of resolved complaints

3. STAFF

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

4. COMMENTS/ SUGGESTIONS

Please indicate challenges and suggestions to improve the regulatory environment.

Signed.....
Name.....
Title.....
Date



THANK YOU FOR COMPLETING THE FORM