



**COMPLIANCE RETURN FORM**

**BUSINESS PROCESS OUTSOURCING**

**PURSUANT TO THE PROVISIONS OF THE KCA 1998, THE KENYA INFORMATION AND COMMUNICATIONS REGULATIONS, AND THE LICENSE CONDITIONS**

**Instructions**

- i. Please note that the latest version of this form must be downloaded from the Authority’s website at the end of each quarter in order to capture any official amendments
- ii. This form has provision for both quarterly and annual compliance reporting.
- iii. Information to be submitted within 15 days after the end of every Quarter
- iv. Please provide information in the space provided, you may insert additional rows and pages as required.
- v. Please provide accurate information and fill all fields as required. Please provide explanation for fields where you may not have relevant information.
- vi. Where Nil returns are submitted, an explanation **MUST** be provided under the Comments/Suggestions section.

**1. GENERAL INFORMATION**

**1.1** Name of Licensee: \_\_\_\_\_

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

Other Licenses held: \_\_\_\_\_

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

**FINANCIAL YEAR** (based on Government of Kenya Financial year e.g 2024/2025)

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)

**1.3** **Address**

**1. Physical Address:**

Town \_\_\_\_\_ Street/Road \_\_\_\_\_

Floor No. \_\_\_\_\_ Room No \_\_\_\_\_

Name of Building \_\_\_\_\_

**2. Postal Address:**

P. O. Box \_\_\_\_\_ Postal Code Post Office \_\_\_\_\_  
Town \_\_\_\_\_

**3. Phone and Fax Contact:**

Tel. No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_ Other Tel. Nos. \_\_\_\_\_

**4. Email and Web Address:**

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

Web Address: \_\_\_\_\_

Did any of the address information change during the quarter? (Tick as appropriate) Yes/No  
*(If Yes attach a letter documenting the changes in address information)*

**1.4 Contact details**

Name of Head Of Organization (CEO): \_\_\_\_\_

Title of Head Of Organization: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Designation: \_\_\_\_\_

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

Email: \_\_\_\_\_ Web address: \_\_\_\_\_

Signature of submitting contact person: \_\_\_\_\_ Date \_\_\_\_\_

**PART A: QUARTERLY REPORTING**

**SECTION 2. CUSTOMER INFORMATION**

**2.1 Domestic Call Center Service**

Client Name	Client's Industry	Service offered to Client	Contract period
1.			
2.			
3.			
4.			
5.			

**2.2 International Call Center Service**

Client Name	Client's Industry*	Country	Service offered to Client	Contract period
1.				
2.				
3.				
4.				
5.				

\* Indicate IT, Financial services, Communication (Telecom), Manufacturing, etc

**3. CONNECTIVITY DETAILS (Service provided by operator)**

Call center location	Data Link Provider	Access technology i.e. OFC, leased lines, Satellite	Bandwidth [MBps]
1.			
2.			
3.			
4.			
5.			

**PART B: ANNUAL REPORTING SECTION****(Information to be submitted at the end of the Quarter ending 30<sup>th</sup> June)****4. SHAREHOLDING INFORMATION**

Name of Shareholder	Citizenship	Shareholding (Percentage)

**5. FINANCIAL DATA:**

Year	
Revenue generated from local outsourcing	
Revenue generated from international outsourcing	

**In addition, please attach the following;**

- I. A copy of your Annual Audited Accounts for the preceding year.**
- II. Valid tax compliance certificate.**

**6. STAFF**

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

**ENVIRONMENTAL SUSTAINABILITY**

**Form 1: Measurement of Electromagnetic Fields Exposure**

Service Provider /Site Owner			
Date of Measurement			
Site Name			
Site location (county, Sub-County, Town /Village			
Site Coordinates			
Site Frequency			
Site Service (Broadcasting/Telecommunication /PMR			
Distance to the transmitting antenna and Rational for distance selection			
Type of measurement (broadband RF EMF measurement/ frequency selective RF EMF measurement			
	Power Density W/m <sup>2</sup>	Electric Field	Magnetic Field A/m
Measurements Values			

**Form 2: Dimensions for evaluation of telecom service provider efforts toward ICT carbon footprint reduction**

No	Metric	Total Number	Metric Number	Percentage of Metric to Total Number	percentage for previous year (N/A for first year of reporting)
1.	Green ICT sites				
2.	Shared ICT sites				
3.	Smart ICT sites				
4.	Cloud [Public Data Centre hosted Services				

**Definitions:**

Green ICT Sites: - Refers to a site that is purely off grid and uses renewable energy like wind and solar

Shared ICT Sites: - Refers to telecommunication installations where service providers either co locate or shares passive/active infrastructure.

Smart ICT Sites: - These are telecom/broadcast installations with sensors that are used for controlling site utilities and enabling remote monitoring and control.

**7. COMMENTS/ SUGGESTIONS**

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

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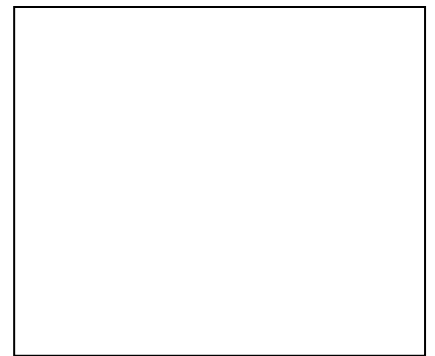
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Signed.....  
Name.....  
Title.....  
Date.....



Company Stamp Here

**NB:**

- a) Where Nil returns are provided an explanation **MUST** be provided under the Comments/Suggestions section of this form.*
- b) The returns will only be accepted if the form is the most up to date as posted on the CA website. Always download the forms for every submission since reviews are made often to ensure responsiveness.*

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**THANK YOU FOR COMPLETING THE FORM**

**FOR OFFICIAL USE ONLY – DO NOT FILL BELOW THIS LINE**

These returns have been :)

	<b>Checked By:</b>	<b>Verified by:</b>	<b>Approved Rejected ! (Tick as appropriate)</b>
<b>Name</b>			
<b>Title</b>			
<b>Signature</b>			
<b>Date</b>			

**N/B A COMPLIANCE CERTIFICATE WILL NOT BE ISSUED IF THE COMPLIANCE RETURNS ARE SUBMITTED LATE OR REJECTED BY THE AUTHORITY**