



## COMPLIANCE RETURN FORM

**COMMUNITY NETWORK AND SERVICE PROVIDER (CNSP)**

**PURSUANT TO THE PROVISIONS OF THE KENYA COMMUNICATIONS ACT 1998, KENYA COMMUNICATION REGULATIONS AND THE CNSP LICENSE CONDITIONS**

*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*

<b>1</b>	<b>GENERAL INFORMATION</b>		
<b>1.1</b>	<b>License Details</b>		
	Licensee:		
	License Number:		
	Other Licenses held		
<b>1.2</b>	Financial Year Under Review <sup>1</sup>		
<b>1.3</b>	<b>Address</b>		
<b>1.3.1</b>	<b>Physical Address</b>		
	Town	Street/Road	
	LR No.	Floor/Room No.	
	Name of Building		
<b>1.3.2</b>	<b>Postal Address</b>		
	P.O. Box	Postal Code	
	Post office town		

<b>1.3.3</b>	<b>Phone and Fax Contact</b>		
	Tel. No.	Fax No.	
	Mobile No.	Other Tel No.	
<b>1.3.4</b>	<b>Email and Web Address</b>		
	Email address		
	Web URL		

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<b>1.4</b>	<b>Contact Details</b>		
	Name of Chairperson/Administrator		
	Name of contact person		
	Designation		
	Telephone		
	Landline		Mobile
	Email		Web address

Did any of the address information change during the year? (Please tick as appropriate)      Yes       No

**Instructions**

- 1. Please provide information in the space provided, you may insert additional rows and pages as required.*
- 2. Please provide information as accurately as possible and fill all fields required. Please provide an explanation for fields where you may not have relevant information.*
- 3. Information to be submitted at the end of the Quarter ending 30<sup>th</sup> June*

<b>2</b>	<b>SUBSCRIPTION INFORMATION</b>		
	<u>Service Provided</u>	<u>Active Users/Subscribers</u>	<u>Data Volumes Consumed (GB)</u>
	Wireless Hotspot		
	Fixed Wireless		
	FTTH		
	Other (specify) _____		
	<b>Speed of Data Services</b>		
	<u>Service Provided</u>	<u>Advertised Speed (Mbps)</u>	<u>Average Speed (Mbps)</u>
	Wireless Hotspot		

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	Fixed Wireless		
	FTTH		
	Other (specify) _____		
Please attach a network map or list of site installations for your network.			

<b>3</b>	<b>Upstream Bandwidth (please list all upstream service providers)</b>		
	<u>Service Provider</u>	<u>Capacity (Mbps)</u>	<u>Data Volumes Consumed (GB)</u>

<b>4</b>	<b>SUPPORT TO PUBLIC INSTITUTIONS</b>		
	Please note cases where the community network provides service to local public institutions. Indicate the number of institutions connected.		
	Clinics/Heath Centres		Community Centres
	Primary Schools		Secondary Schools
	Local Government/Chief		Other (specify) _____

<b>5</b>	<b>COMPLEMENTARY SERVICES</b>		
	Please note any complementary services your community network provides in addition to internet access.		
	Training	Yes/No	Office / copier services
	Cyber Cafe	Yes/No	Website hosting
	Other (specify)		

<b>6</b>	<b>SHAREHOLDING/OWNERSHIP INFORMATION</b>		
	Please attach a copy of the current constitution, membership, administrative structure or other organisational ownership documentation. (Not more than 6 months old)		

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<b>7</b>	<b>FINANCIAL DATA</b>			
	Specify the start and end dates of your firm's Financial Year (FY) below.			
	FY Start Date:		FY End date:	
	Please attach the following. I. A copy of your annual audited accounts for the preceding year. II. Valid tax compliance certificate or tax exemption certificate.			
	TARIFFS (Please attach all the tariffs for services offered under this license in excel format)			

<b>8</b>	<b>STAFF (Directly and Indirectly Engaged Personnel)</b>					
	<b>Staff Category</b>		<b>Male</b>		<b>Female</b>	
			Full time	Part time	Full time	Part time
	Technical	Permanent				
		Contract				
		Volunteer				
	Non- Technical	Permanent				
		Contract				
		Volunteer				
	<b>Total</b>					

<b>9</b>	<b>ENVIRONMENTAL SUSTAINABILITY COMPLIANCE</b> [ <i>Reporting on Environmental Sustainability Initiatives</i> ]
<b>9.1</b>	Provide information on initiatives you are undertaking to establish channels of collecting both consumer and your own electronic waste (e-waste) at the end of life cycle (please detail your take back mechanisms);
<b>9.2</b>	Provide information on initiatives that you are undertaking in the operations to reduce the carbon footprint/negative environmental impact;
<b>9.3</b>	Provide information on the current status of adherence to the Environmental Management and Coordination Act, EMCA on Waste Management.

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### 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 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.

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<b>10</b>	<b>COMMENTS/ SUGGESTIONS</b>

<b>Signed:</b>		<b>Official Stamp Above</b>
<b>Name:</b>		
<b>Title:</b>		
<b>Date:</b>		

*(NB: Where Nil returns are submitted, an explanation **MUST** be provided under the Comments/Suggestions section of this form)*

**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 </b> <b>(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**