



**COMPLIANCE RETURN FORM**  
**CONTENTS SERVICE PROVIDER (CSP)**

**PURSUANT TO THE PROVISIONS OF THE KICA 1998, THE KICA (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 via email [telecomcompliance@ca.go.ke](mailto:telecomcompliance@ca.go.ke) (HARD COPIES WILL NOT BE ACCEPTED)
- 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, and explain the fields where you may not have relevant information.
- vi. Where Nil returns are submitted, an explanation MUST be provided under the Comments/Suggestions section.
- vii. 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.

**1. GENERAL INFORMATION**

**1.1 License Details**

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

Physical Address

County..... Town ..... Street/Road.....

Name of Building..... Floor No..... Room No.....

Postal Address:

P. O. Box..... Town ..... Code.....

Telephone Contacts

Tel No..... MobileNo.....

Other Tel. Nos:.....

Email and Web Address

Email address:.....

Web address:.....

1.4 Contact details

Name of Chief Executive Officer (CEO) .....

Name of Contact Person .....

Telephone Landline..... Mobile.....

Email.....

Did any of the address information change during the quarter? (Please tick as appropriate)

Yes

No



**2.2 MONEY TRANSFER SERVICE**

Indicator	1 <sup>st</sup> month in the quarter	2 <sup>nd</sup> month in the quarter	3 <sup>rd</sup> month in the quarter
Number of Active Agents			
Number of Registered Active Subscriptions			
Value of Customer to Business- C2B Transfers (KES)			
Value of Business to Customer - B2C Transfers (KES)			
Value of Business to Business - B2B Transfers (KES)			
Value of Government to Citizen- G2C Transfers (KES)			
Value of Citizen to Government- C2G Transfers (KES)			
Volumes sent to other networks			
Volumes received from other networks			
Value sent to other networks (KES)			
Value received from other networks (KES)			
Volumes of P2P Transactions			
Volumes received from other networks			
Value sent to other networks (Ksh.)			
Value received from other networks (Ksh.)			

**2.3 NUMBERING RESOURCES**

Numbering Resource (i.e., Short Codes, USSD Codes, Premium Call Numbers	Total numbers assigned	Numbers in use	Numbers not in use	Reasons for Non-Usage

**3. QUALITY OF SERVICE** (as measured through Complaints Resolution Mechanism CRM)

**COMPLAINTS RESOLUTION**

Complaint Type	Number of Complaints during Quarter					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Billing Charges						
Spamming Unsolicited content						
Customer Care Response challenges						
Network failures and service inaccessibility						
Delays in Onboarding and Unsubscribing						
Others please specify						
<b>TOTAL</b>						

**PART B: ANNUAL REPORTING SECTION**

**(Information to be submitted at the end of the Quarter ending 30<sup>th</sup> June)**

**1. SHAREHOLDING INFORMATION**

Please attach a copy of the current certificate of shareholding (Issued not more than 3 months).

**2. FINANCIAL DATA:**

Specify the start and end dates of your firm's financial year below.

Financial Year Start Date:

End Date:

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Please attach the following;

- I. A copy of your Annual Audited Financial statement of the preceding year.
- II. Valid tax compliance certificate.
- III. Certificate of clearance from the Kenya Copyright Board in case of royalties/intellectual property rights.

**3. COMPLIANCE WITH THE PROVISION OF SERVICE AND FACILITIES TO PERSONS LIVING WITH DISABILITIES IN LINE WITH THE KS2952 STANDARD.**

- a) Please indicate your awareness and compliance with the KS2952 (May 2022) standard on ICT Accessibility for PWDs
  - i) Aware of the standard - **Yes/No**
  - ii) Complied with the standard **Yes/No**. (If yes, please attach the matrix as guided therein)
- b) Please specify the actions taken in your organization to ensure accessibility to your services and facilities by PWDs;  
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.....  
.....
- c) Please indicate the challenges or limitations you face in serving Persons Living With Disability  
.....  
.....  
.....
- d) What are your future plans to enhance ICT inclusivity and accessibility for PWDs  
.....  
.....  
.....

**4. ENVIRONMENTAL SUSTAINABILITY COMPLIANCE  
(Reporting on Environmental Sustainability Initiatives)**

- 3.1 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 the life-cycle (please detail your take-back mechanisms);  
.....  
.....  
.....
- 3.2 Provide information on initiatives that you are undertaking in the operations to reduce the carbon footprint/negative environmental impact;  
.....  
.....  
.....
- 3.3 Provide information on the current status of adherence to the Environmental Management and Coordination Act, EMCA, on Waste Management.  
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.....  
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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 rationale 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 share 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.

**4. COMMENTS/ SUGGESTIONS**

Please share any challenges faced and/or make suggestions to improve the communications regulatory environment.

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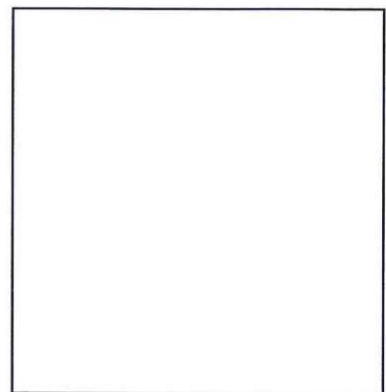


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Signature.....  
 Name.....  
 Title.....  
 Date .....



Company Stamp above

**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 O or Rejected O</b> Tick as appropriate
<b>Name</b>			
<b>Title</b>			
<b>Signature</b>			
<b>Date</b>			

NB: A COMPLIANCE CERTIFICATE WILL NOT BE ISSUED IF THE COMPLIANCE RETURNS ARE SUBMITTED LATE OR REJECTED BY THE AUTHORITY