



COMPLIANCE RETURN FORM

DOT KE DOMAIN NAME REGISTRY SERVICE PROVIDER

PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT OF 1998, AND THE 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

Instructions

1. *This form has provision for both quarterly and annual returns.*
2. *Please provide information in the space provided. You may insert additional rows and pages as required.*
3. *Where Nil returns are provided an explanation **MUST** be provided under the Comments/Suggestions section of this form)*
4. *A compliance certificate will not be issued if the compliance returns are submitted late or rejected by the authority.*

1 GENERAL INFORMATION**1.1 Licence 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 st July – 30 th Sep) | Quarter 2 (1 st Oct – 31 st Dec) | Quarter 3 (1 st Jan – 31 st Mar) | Quarter 4 (1 st Apr – 30 th Jun) |
|--|---|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.3 Address**1. Physical Address:**

Town _____ Street/Road _____

LR No. _____ 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. _____ Fax. No. _____
Mobile No. _____ Other Tel. Nos. _____

4. Email, Web and WHOIS Address:

Email address: _____
Web Address: _____
WHOIS Server Address: _____

Did any of the address information change during the quarter? (Tick as appropriate) Yes No

1.4 Contact details

Name of Chief Executive Officer (CEO): _____

Title of CEO: _____

Name of contact person: _____

Designation: _____

Telephone: (a) Landline _____ (b) Mobile: _____ Fax: _____

Email: _____ Web address: _____

Signature of submitting contact person: _____ Date _____

Name of Dot KE Registry Administrative Contact: _____

Designation: _____

Telephone: (a) Landline _____ (b) Mobile: _____

Email: _____ National ID No. _____

Name of Dot KE Registry Technical Contact: _____

Designation: _____

Telephone: (a) Landline _____ (b) Mobile: _____

Email: _____ National ID No. _____

PART A: QUARTERLY REPORTING SECTION**(Information to be submitted at the end of every Quarter)****2 DOMAIN NAME REGISTRY SERVICE**

2.1 New Dot KE Domain Name Registrations

| Indicator | 1st month in the quarter | 2nd month in the quarter | 3rd month in the quarter |
|------------------------------------|--|--|--|
| .AC.KE | | | |
| .CO.KE | | | |
| .GO.KE | | | |
| .INFO.KE | | | |
| .ME.KE | | | |
| .MOBI.KE | | | |
| .NE.KE | | | |
| .OR.KE | | | |
| .SC.KE | | | |
| Total Number of New Domains | | | |

2.2 Total Number of Dot KE Domain Names

| Indicator | 1st month in the quarter | 2nd month in the quarter | 3rd month in the quarter |
|--------------------------------|--|--|--|
| .AC.KE | | | |
| .CO.KE | | | |
| .GO.KE | | | |
| .INFO.KE | | | |
| .ME.KE | | | |
| .MOBI.KE | | | |
| .NE.KE | | | |
| .OR.KE | | | |
| .SC.KE | | | |
| Total Number of Domains | | | |

2.3 Cost of Dot KE Subdomain Names

| Subdomain Name | 1st month in the quarter | 2nd month in the quarter | 3rd month in the quarter |
|-----------------------|--|--|--|
| .AC.KE | | | |
| .CO.KE | | | |
| .GO.KE | | | |
| .INFO.KE | | | |
| .ME.KE | | | |
| .MOBI.KE | | | |
| .NE.KE | | | |
| .OR.KE | | | |
| .SC.KE | | | |

2.4 Dot KE Subdomain Name Registrars

| Indicator | 1st month in the quarter | 2nd month in the quarter | 3rd month in the quarter |
|----------------------------|--|--|--|
| Number of New Registrars | | | |
| Total Number of Registrars | | | |

3 QUALITY OF SERVICE (as measured through complaints resolution)

3.1 Performance of the Domain Name System (DNS)

| Indicator | 1 st month in the quarter (average) | 2 nd month in the quarter (average) | 3 rd month in the quarter (average) |
|--|--|--|--|
| Availability of the DNS Service (%) | | | |
| Mean response time of the DNS Service (milliseconds) | | | |

3.2 Complaints Resolution

| Complaint Type | Number of Complaints during Quarter | | | | | |
|---------------------------------------|-------------------------------------|----------|----------|----------|----------|----------|
| | Month 1 | | Month 2 | | Month 3 | |
| | Received | Resolved | Received | Resolved | Received | Resolved |
| Billing | | | | | | |
| Technical | | | | | | |
| Cybercrime Incidents | | | | | | |
| Spamming | | | | | | |
| Difficulty in accessing customer care | | | | | | |
| Others (please specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

4 CYBERCRIME INCIDENTS

4.1 Cybercrime Incidents

| Cybercrime Incident Type | Number of Cybercrime Incidents during Quarter | | | | | |
|--------------------------|---|----------|----------|----------|----------|----------|
| | Month 1 | | Month 2 | | Month 3 | |
| | Received | Resolved | Received | Resolved | Received | Resolved |
| Denial of Service | | | | | | |
| Defacements | | | | | | |
| Fraud | | | | | | |
| Impersonation | | | | | | |
| Online Abuse | | | | | | |
| Phishing | | | | | | |
| Spamming | | | | | | |
| SQL Injection | | | | | | |
| Others (please specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

5 Reserved and restricted names

5.1 Please attach a list of “Reserved Dot KE Domain Names.”

5.2 Please attach a list of “Restricted Dot KE Domain Names”

PART B: ANNUAL REPORTING SECTION

(Information to be submitted at the end of the Quarter ending 30th June).

6 SHAREHOLDING INFORMATION

Please attach a copy of the current certificate of shareholding (Not more than 1 month old).

7 FINANCIAL DATA:

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

Financial Year Start Date: _____ End Date: _____

Please attach the following;

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

8 NUMBERING RESOURCES

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

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 ² | 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.

COMMENTS/ SUGGESTIONS

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

Signed.....

Name.....

Title.....

Date.....

Company Stamp

THANK YOU FOR COMPLETING THE FORM

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

These returns have been :)

| | Checked By: | Verified by: | Approved <input type="checkbox"/> Rejected <input type="checkbox"/> (Tick as appropriate) |
|------------------|-------------|--------------|--|
| Name | | | |
| Title | | | |
| Signature | | | |
| Date | | | |