



COMPLIANCE RETURN FORM

ELECTRONIC CERTIFICATION SERVICE PROVIDER (E-CSP)

PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT 1998, KENYA COMMUNICATIONS REGULATION, THE LICENSE CONDITIONS AND TECHNICAL REQUIREMENTS

Please note that the latest version of this form must be downloaded from the Authority's website at the end of each quarter to capture any official amendments

1. GENERAL INFORMATION

1.1 Licence Details

Name of Licensee (Company Name): _____

Name of Foreign E-CSP (if applicable) : _____

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) |
|---|--|--|--|
| | | | |

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 Contact:

Tel. No. _____

Mobile No. _____ Other Tel. Nos. _____

4. Email and Web Address:

Email address: _____

Web Address: _____

Please note that all the address information requested must be provided above, whether or not there were changes during the quarter.

1.4 Contact details

Name of Head Of Organization _____

Title of Head Of Organization _____

Name of contact person: _____

Title of Contact Person: _____

Telephone: _____ Email: _____

Signature: _____ Date _____

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

(If Yes, attach a notification letter on the same.)

1.5 OPERATING DETAILS (to be filed at the end of your financial year)

a) SHAREHOLDING INFORMATION

Please attach a copy of the current certificate of shareholding/ CR12 (Not more than 3 months old).

b) 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. A valid tax compliance certificate.

c) TARIFFS (Please attach all the tariffs for services offered under this license)

PART A: QUARTERLY REPORTING SECTION**(Information to be submitted within 15 days after the end of every Quarter)****2. ACCREDITATION and RECOGNITION FOR THE ECSP**

| No. | Item | Brief Description |
|-----|----------------------------------|-------------------|
| | Date accredited | |
| | Accreditation certificate number | |
| | Date of Recognition | |
| | Recognition certificate number | |
| | Security Management system | |
| | Risk Management System | |
| | Business Continuity Planning | |

3. TECHNICAL REQUIREMENTS**Please describe the systems deployed)**

| Equipment | Capacity | Date of accreditation | Region | Brief Description |
|-----------|----------|-----------------------|--------|-------------------|
| | | | | |
| | | | | |

4. INCIDENT MANAGEMENT

| Equipment | Capacity | Date of accreditation | Region | Brief Description |
|-----------|----------|-----------------------|--------|-------------------|
| | | | | |
| | | | | |

5. RESOLUTION OF CUSTOMER / CONSUMER ISSUES (attach CRM system output)

| Complaint Type | Number of Complaints | | | | | |
|-------------------------------|----------------------|----------|------------------------|----------|---------------------------|----------|
| | Consumer Obligations | | Subscriber Obligations | | Relying Party Obligations | |
| | Received | Resolved | Received | Resolved | Received | Resolved |
| Network Faults | | | | | | |
| Poor Service Reception | | | | | | |
| Disconnection | | | | | | |
| Billing | | | | | | |
| Service Interruption | | | | | | |
| Interconnection | | | | | | |
| Others (Please Specify below) | | | | | | |
| Total complaints | | | | | | |
| CRM Information | | | | | | |
| Type Of CRM | | | | | | |
| Details of CRM | | | | | | |

Indicate the type and details of the Customer Relations Management (CRM) system used.

PART B: ANNUAL REPORTING SECTION**(Information to be submitted within 15 days at the end of the Quarter ending 30th June)****1. CERTIFICATE PRACTICE STATEMENT AND CERTIFICATE POLICIES****1.1 Certificate Attributes**

| Item | Details | Status |
|----------------------|---------|--------|
| Registration process | | |
| Generation Process | | |
| Issuance Process | | |
| Suspension Process | | |
| Replacement Process | | |
| Revocation Process | | |
| Archival Process | | |

(Please provide data in spatial or viable format)**1.2 Audit Trails**

| No | Trail level | | | Comment | status |
|----|------------------|--------|--------|---------|--------|
| | Item | Target | Actual | | |
| 1 | Key Generation | | | | |
| 2 | Key Distribution | | | | |
| 3 | Key Storage | | | | |
| 4 | Key Usage | | | | |
| 5 | Key Backups | | | | |
| 6 | Key Change | | | | |
| 7 | Key Termination | | | | |
| 8 | Key Compromise | | | | |
| 9 | Key Archival | | | | |

1.3 System Controls

| No | Item | | | |
|----|-------------------------------------|--|--|--|
| 1. | Physical Security | | | |
| 2. | General security controls | | | |
| 3. | Change and Configuration Management | | | |
| 4. | Network Security | | | |
| 5. | Application Integration Controls | | | |
| 6. | Redundancy and recovery measures | | | |
| | Total | | | |

ENVIRONMENTAL SUSTAINABILITY COMPLIANCE

Reporting on Environmental Sustainability Initiatives

7.1. 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)

7.2. Provide information on initiatives that you are undertaking in the operations to reduce the carbon footprint/negative environmental impact;

7.3. Provide information on the current status of adherence to the Environmental Management and Coordination Act, EMCA on Waste Management.

Form 1: 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.

Form 2: 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 | | | |

a) STAFF (Indicate staff directly engaged on licensed services)

| Staff category | | Number of Staff | | | |
|----------------|-----------|-------------------------|--------|-------------------|--------|
| | | Local (Kenyan Citizens) | | Foreign Nationals | |
| | | Male | Female | Male | Female |
| Technical | Permanent | | | | |
| | Contract | | | | |
| | Temporary | | | | |
| Non-Technical | Permanent | | | | |
| | Contract | | | | |
| | Temporary | | | | |
| Total | | | | | |

b) COMMENTS/ SUGGESTIONS

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



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

NB:

*a) Where Nil returns are explained, **MUST** be provided under the Comments/Suggestions section. 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.*

THANK YOU FOR COMPLETING THIS 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 | | | |

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