



**COMPLIANCE RETURN FORM**  
**NETWORK FACILITIES PROVIDER**

**PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT, (KICA 1998 ),THE 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 the 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. 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 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 <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**

**1.3.1 Physical Address**

County.....	Town .....	Street/Road.....
Name of Building.....	FloorNo.....	Room No.....

**1.3.2 Postal Address:**

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

**1.3.3 Telephone Contacts**

Tel No.....	MobileNo.....
Other Tel. Nos:.....	.....

**1.3.4 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.....		

YES       NO

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

**PART A: QUARTERLY REPORTING SECTION**

---

**2. TYPES OF INFRASTRUCTURE DEPLOYED UNDER THE LICENSE**

No.	Type of infrastructure	Brief Description
1.		
2.		
3.		
4.		
5.		
6.		

**3. NUMBER UTILIZATION**

**3.1 Primary Number Assignments Utilization** (Provide data in Excel)

Resource	Primary Number Assignments by CA	Utilized Numbers
Short Codes		
USSD Codes		
Premium Rate Numbers		
Toll Free Numbers		
Others		

**3.2 Secondary Number Assignment** (Provide data in Excel)

No.	Name of the CSP	Shortcode/USSD Code(s) Assigned	Tariff/Rate (Ksh)	Volume

**3.3 Bulk SMS** (Provide data in Excel)

No.	Name of the CSP	Tariff/Rate (Ksh)	Volume



**7. COMPLIANCE TO PROVISION OF SERVICE AND FACILITIES TO PERSONS LIVING WITH DISABILITY IN LINE WITH KS2952 STANDARD.**

a) Please indicate your awareness and compliance to 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 standard matrix as guided therein)*

b) Please specify the actions taken in your organization to ensure accessibility to your services and facilities by PWDs;

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

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

.....  
.....  
.....  
.....  
.....  
.....  
.....

**8. ENVIRONMENTAL SUSTAINABILITY COMPLIANCE**

**(Reporting on Environmental Sustainability Initiatives)**

8.1 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 life-cycle (please detail your take back mechanisms);

---

---

---

8.2 Provide information on initiatives that you are undertaking in the operations to reduce the carbon negative footprint environmental impact

.....

.....

.....

.....

.....

.....

.....

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

---

---

---

---

**Electromagnetic fields (EMF)**

**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 Metric to Total Number	percentage for previous year (N/A for 1 <sup>st</sup> 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.

**9 COMMENTS/ SUGGESTIONS**

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

---



---



---



---

Details of Individual Submitting the form	
Name	.....
Title	.....
Date	.....
Signature	.....
Company Stamp	

**THANK YOU FOR COMPLETING THIS 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 <input type="checkbox"/> Rejected <input type="checkbox"/></b> <b>(Tick as appropriate)</b>
<b>Name</b>			
<b>Title</b>			
<b>Signature</b>			
<b>Date</b>			