



COMPLIANCE RETURN FORM

BROADCASTING SIGNAL DISTRIBUTION SERVICE

PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT, 1998, THE REGULATIONS MADE THEREUNDER, AND THE BROADCASTING SIGNAL DISTRIBUTION LICENSE CONDITIONS

INSTRUCTIONS

- a) 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 all official amendments.
- b) The form has provisions for both quarterly and annual returns. Please provide complete information for each quarter as required. The information required under the section of the annual return shall only be provided in quarter 4.
- c) Provide information in the space provided, you may insert additional rows and pages as required.
- d) Provide accurate information and fill in all fields as required. Please explain fields where you may not have relevant information.
- e) Where nil returns are submitted, an explanation **MUST** be provided under the Comments/Suggestions section.
- f) Duly completed compliance forms together with all the required attachments should be sent to the email address broadcasting-compliance@ca.go.ke within fifteen (15) days after the end of the quarter under review. **Hard copy submissions WILL NOT BE ACCEPTED.**

1. GENERAL INFORMATION

1.1 Licensee Details

- a) Name of broadcasting signal distributor (as per licence): _____
- b) Identity of the broadcast broadcasting signal distributor brand name (call sign): _____
- c) Licence/Service(s) Type:

Common carrier broadcast signal distributor
Self-provision broadcast signal distributor

1.2 The period under review (Tick against appropriate quarter)

FINANCIAL YEAR _____ (based on the Government of Kenya Financial year e.g., 2020/2021)

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

1.3.1 Physical Address

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

1.3.2 Postal Address:



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

1.3.3 Telephone Contacts

Tel No..... Mobile No.....

Other Tel. Nos:

1.3.4 Email and Web Address

Email address:

Web address:

1.4 Contact details

Name of Head of the Organization

Designation

(if different from the Head of Organization)

1.5 Contact person

Name of Contact Person

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

Email.....

Did any of the address information change during the quarter? (Please tick Yes No
as appropriate. If Yes Attach a letter providing details of the change)



PART A: QUARTERLY REPORTING SECTION

2 SERVICES PROVIDED UNDER THIS BROADCAST LICENSE

2.1 Returns On Multiplex Details

Location of aggregation center/multiplexing center.....

Multiplex No/ID:

Mux Type/Make/Model:.....

MUX ID or No.	DVBT system config	Modulation	FEC code rate	Reception mode	Mux capacity (Mbps)	Available Mux Capacity (Mbps)	Content (No. of SDTV, HDTV, radio, etc)	Mux B/W	Carrier FFT	Guard Interval (GI)

For each MUX, list also supplementary services supported and any local channel inserts at the transmitters

2.2 Returns On Digital Transmitter Rollout

(i) List of new sites operationalized during the quarter and/or upgraded or installed with local insert facility(Complete table for each transmitter)

(ii) Provide details of changes (transmitter commissioned/decommissioned during the quarter) as per the table below.

Site Name	Coordinates (decimal degrees)	Altitude (m)	TX Power (W)	Antenna Gain, dBi	Antenna Height, (m, agl)

2.3 CONTENT SERVICE PROVIDERS ACCOMMODATED ON THE PLATFORM

Kindly provide separate tables for:

- a) List of TV channels/Radios **added to the platform during the quarter**, indicating whether is a local insert (where) or at the MUX center
- b) List of TV channels/Radios **REMOVED from the platform** during QTR and reasons for removal
- c) Provide, in an MS Excel file, information in the table below for all channels currently hosted on the DTT platform



MUX ID.	Slot No.	TV channel ID	CSP Name & Address	FTA or PAY	Minimum bitrate	Sites on air	Date channel 1 st activated

3 CONSUMER/CUSTOMER COMPLAINTS

Complaint Type	Number of Complaints					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Network Faults/Downtimes						
Poor Service Reception						
Disconnections and SLA-related complaints						
Billing (charges)						
Customer Care and Response Challenges						
Others (Please Specify)						
Total						

4 SUSTAINABILITY & GREEN ICT

4.1 Infrastructure sharing

No.	Please answer the questions below by selecting either "Yes" or "No" as may be applicable	Tick Appropriately	
		Yes	No
4.1.1	Are your transmitter(s) are hosted at a multi-tenant transmission site?		
4.1.2	Are your transmitter(s) at your own-built transmission site?		
4.1.3	If 10.1.2 is Yes, do you host other ICT service providers at your own built transmission site?		



4.1.4	If 10.1.2 is No, would you host other ICT service providers at your own built transmission site on commercial terms?		
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4.2 Power sources for broadcast facilities

	<i>Please select the power sources used to power the transmitter and/or offices</i>	<i>Select all that apply</i>				
		<i>Mains</i>	<i>Diesel Generator</i>	<i>Solar</i>	<i>Wind)</i>	<i>Other (specify)</i>
4.2.1	<i>Transmitter(s) (where applicable)</i>					
4.2.2	<i>Offices & other facilities (where applicable)</i>					

4.3 Efficient use of Energy

<i>No.</i>	<i>Select "Yes" or "No" as applies to your operations</i>	<i>Tick Appropriately</i>	
		<i>Yes</i>	<i>No</i>
4.3.1	Do you use energy-saving technologies such as LED at your broadcast facilities (transmitters, offices, transmitters, etc.)?		



PART B: ANNUAL REPORTING SECTION

5 MANDATORY DOCUMENTS

Please submit the following documents with quarter 4 compliance returns

- i. A copy of the current certificate of shareholding (**Not older than 3 months**).
- ii. A copy of Audited financial statements for the preceding year. The report must be duly signed by a Certified Public Accountant, indicating the auditor's practicing number.
- iii. Valid tax compliance certificate.

6 NETWORK COVERAGE

6.1 Transmitter Details

Provide details of ALL transmitters as per the table below. Additionally, submit this information in an MS Office Excel file.

Site Name	Coordinates (decimal degrees)	Altitude (m)	TX Power (W)	Antenna Gain, dBi	Antenna Height, (m, agl)

6.2 Coverage Maps

Provide coverage maps for each transmitter in the DTT network in 6.1 above showing the median field strength at the boundary of the coverage area as per the relevant ITU-R Recommendations

7 STAFF *(Indicate only staff engaged in licensed services)*

Staff Category		Local (Kenyan Citizens)		Expatriates	
		Male	Female	Male	Female
Technical	Permanent				
	Contract				
	Temporary				
Non-Technical	Permanent				
	Contract				
	Temporary				
Total					



8 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

FOR OFFICIAL USE ONLY

These returns have been :)

	Checked By:	Verified by:	Approved Rejected (Tick as appropriate)
Name			
Title			
Signature			
Date			