



**COMMUNICATIONS
AUTHORITY OF KENYA**

**COMPLIANCE RETURN FORM
COMMUNITY NETWORK AND SERVICE PROVIDER (CNSP)**

**PURSUANT TO THE PROVISIONS OF THE KENYA COMMUNICATIONS ACT
1998, KENYA COMMUNICATION REGULATIONS 2010 AND THE CNSP 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

| | | | | |
|--------------|--|--|----------------|--|
| 1 | GENERAL INFORMATION | | | |
| 1.1 | License Details | | | |
| | Licensee: | | | |
| | License Number: | | | |
| | Other Licenses held | | | |
| 1.2 | Financial Year Under Review ¹ | | | |
| 1.3 | Address | | | |
| 1.3.1 | Physical Address | | | |
| | Town | | Street/Road | |
| | LR No. | | Floor/Room No. | |
| | Name of Building | | | |
| 1.3.2 | Postal Address | | | |
| | P.O. Box | | Postal Code | |
| | Post office town | | | |

| | | | | |
|--------------|------------------------------|--|---------------|--|
| 1.3.3 | Phone and Fax Contact | | | |
| | Tel. No. | | Fax No. | |
| | Mobile No. | | Other Tel No. | |
| 1.3.4 | Email and Web Address | | | |
| | Email address | | | |
| | Web URL | | | |

¹ based on Government of Kenya Financial year beginning July 1 e.g. 2020/2021

| | | | | |
|------------|-----------------------------------|--|-------------|--|
| 1.4 | Contact Details | | | |
| | Name of Chairperson/Administrator | | | |
| | Name of contact person | | | |
| | Designation | | | |
| | Telephone | | | |
| | Landline | | Mobile | |
| | Email | | Web address | |

Did any of the address information change during the year? (Please tick as appropriate) Yes No

Instructions

- 1. Please provide information in the space provided, you may insert additional rows and pages as required.*
- 2. Please provide information as accurately as possible and fill all fields required. Please provide an explanation for fields where you may not have relevant information.*
- 3. Information to be submitted at the end of the Quarter ending 30th June*

| | | | |
|----------|---------------------------------|---------------------------------|-----------------------------------|
| 2 | SUBSCRIPTION INFORMATION | | |
| | <u>Service Provided</u> | <u>Active Users/Subscribers</u> | <u>Data Volumes Consumed (GB)</u> |
| | Wireless Hotspot | | |
| | Fixed Wireless | | |
| | FTTH | | |
| | Other (specify) _____ | | |
| | Speed of Data Services | | |
| | <u>Service Provided</u> | <u>Advertised Speed (Mbps)</u> | <u>Average Speed (Mbps)</u> |
| | Wireless Hotspot | | |



| | | | |
|---|--------------------------|--|--|
| | Fixed Wireless | | |
| | FTTH | | |
| | Other (specify) _____ | | |
| Please attach a network map or list of site installations for your network. | | | |

| | | | |
|----------|--|------------------------|-----------------------------------|
| 3 | Upstream Bandwidth (please list all upstream service providers) | | |
| | <u>Service Provider</u> | <u>Capacity (Mbps)</u> | <u>Data Volumes Consumed (GB)</u> |
| | | | |
| | | | |

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| 4 | SUPPORT TO PUBLIC INSTITUTIONS | | |
| | Please note cases where the community network provides service to local public institutions. Indicate the number of institutions connected. | | |
| | Clinics/Heath Centres | | Community Centres |
| | Primary Schools | | Secondary Schools |
| | Local Government/Chief | | Other (specify)_____ |

| | | | |
|----------|--|--------|--------------------------|
| 5 | COMPLEMENTARY SERVICES | | |
| | Please note any complementary services your community network provides in addition to internet access. | | |
| | Training | Yes/No | Office / copier services |
| | | | Yes/No |
| | Cyber Cafe | Yes/No | Website hosting |
| | | | Yes/No |
| | Other (specify) | | |

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| 6 | SHAREHOLDING/OWNERSHIP INFORMATION |
| | Please attach a copy of the current constitution, membership, administrative structure or other organisational ownership documentation. (Not more than 6 months old) |

| | | | | |
|----------|---|--|--------------|--|
| 7 | FINANCIAL DATA | | | |
| | Specify the start and end dates of your firm's Financial Year (FY) below. | | | |
| | FY Start Date: | | FY End date: | |
| | Please attach the following. I. A copy of your annual audited accounts for the preceding year. II. Valid tax compliance certificate or tax exemption certificate. | | | |
| | TARIFFS (Please attach all the tariffs for services offered under this license in excel format) | | | |

| | | | | | |
|----------|--|-------------|-----------|---------------|-----------|
| 8 | STAFF (Directly and Indirectly Engaged Personnel) | | | | |
| | Staff Category | Male | | Female | |
| | | Full time | Part time | Full time | Part time |
| | Technical | Permanent | | | |
| | | Contract | | | |
| | | Volunteer | | | |
| | Non- Technical | Permanent | | | |
| | | Contract | | | |
| | | Volunteer | | | |
| | Total | | | | |

| | |
|------------|--|
| 9 | ENVIRONMENTAL SUSTAINABILITY COMPLIANCE <i>[Reporting on Environmental Sustainability Initiatives]</i> |
| 9.1 | 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); |
| | |
| 9.2 | Provide information on initiatives that you are undertaking in the operations to reduce the carbon footprint/negative environmental impact; |
| | |

| | |
|------------|--|
| 9.3 | Provide information on the current status of adherence to the Environmental Management and Coordination Act, EMCA on Waste Management. |
| | |

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| 10 | COMMENTS/ SUGGESTIONS |
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|----------------|--|-----------------------------|
| Signed: | | Official Stamp Above |
| Name: | | |
| Title: | | |
| Date: | | |

*(NB: Where Nil returns are submitted, an explanation **MUST** be provided under the Comments/Suggestions section of this form)*

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  Rejected  (Tick as appropriate) |
|------------------|--------------------|---------------------|--|
| Name | | | |
| Title | | | |
| Signature | | | |
| Date | | | |

N/B A COMPLIANCE CERTIFICATE WILL NOT BE ISSUED IF THE COMPLIANCE



RETURNS ARE SUBMITTED LATE OR REJECTED BY THE AUTHORITY