



COMPLIANCE RETURN FORM

FREE-TO-AIR TV & FM RADIO BROADCASTING SERVICE

PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT, 1998, THE REGULATIONS MADE THEREUNDER, AND THE RESPECTIVE FREE-TO-AIR BROADCASTING 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.
- 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) Where a licensee operates multiple broadcast stations, a separate form shall be filled for **EACH** broadcasting station.
- g) 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 Licensee (as per the licence): _____
- b) Identity of broadcast station (call sign/station name): _____
- c) License/Service(s) Type (Select only **ONE** applicable to 1.1(b) above (refer to instructions (f))):

Commercial Free-to-Air FM Radio
 Commercial Free-to-Air TV
 Community Free-to-Air FM Radio
 Community Free-to-Air TV

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:

Website URL:.....

1.4 Contact details

Name of Head of the Organization

Designation

1.5 Contact person *(if different from the Head of Organization)*

Name of Contact Person

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

Email.....

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



PART A: QUARTERLY REPORTING SECTION

2 Details of Transmission Network

2.1 Were there any changes in your transmission network during the quarter? Yes No

2.2 [FM radio broadcasters only] If yes, 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 [TV Broadcasters only] If Yes, provide the list of transmission sites added or dropped during the quarter.

3 Language of broadcasts

No.	Languages	Percentage Duration per week
1		
2		
3		

4 Local Content

S.No	Local Content	Tick appropriately	
		Yes	No
4.1	During the quarter, did the station meet the minimum required local content of 40%?		
4.2	What was the average weekly local content percentage aired?		%

5 Accessibility for PWDs Requirement

Please indicate the station's compliance with accessibility to broadcasting services by persons with disabilities (PWDs) obligation [Applicable TV Broadcasters only].

<u>PWD programming Requirements</u>	<u>Captioning</u>	<u>Sign Language Interpretation</u>
News		
National Events		
Educational		
Public Emergencies		
Others		

6 Copyright Licences for third-party produced content

Please indicate the station's compliance with all copyright obligations under the Copyrights Act 2001 as required by the licence terms and conditions.

No.	Copyright Licensing	Tick Appropriately



		Yes	No
6.1	Does the licensee air any third-party-produced copyright content?		
6.1.1	If yes, have you submitted a copy of current valid copyright compliance certificate from KECOBO or its licensed CMO?		
6.1.2	If No, submit a copy of a valid copyright exemption certificate from KECOBO or its licensed CMO?		
6.2	Has the licensee obtained copies of ALL other copyright contracts entered into with independent content owners or their authorized legal vendor?		

7 Delayed transmission of live programmes

S.No	Live programming	Tick appropriately	
		Yes	No
7.1	Does the station transmit live programmes/events (including live studio call-ins)		
7.2	If yes, has the station installed a profanity delayer of at least 7 seconds?		

8 Complaints Handling

How many times, within 24 hours, does the station inform audiences of the existence of complaints handling procedure? _____

Complaint Type	Number of Complaints					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Programming/Content						
Network Faults/Downtimes						
Poor Service Reception						
Poor Customer Service						
Others (Please specify)						
Total						

9 Off-air period

Indicate dates and durations when the station has been off-air stating reasons during the quarter and whether the Authority was notified.

Start of outage [Date/Time]	Service restored [Date/Time]	Cause	Notified to the Authority?	
			Yes	No



10 SUSTAINABILITY & GREEN ICT

10.1 Infrastructure sharing

No.	Please answer the questions below by selecting either “Yes” or “No” as may be applicable	Tick Appropriately	
		Yes	No
10.1.1	Are your transmitter(s) are hosted at a multi-tenant transmission site?		
10.1.2	Are your transmitter(s) at your own-built transmission site?		
10.1.3	If 10.1.2 is Yes, do you host other ICT service providers at your own built transmission site?		
10.1.4	If 10.1.2 is No, would you host other ICT service providers at your own built transmission site on commercial terms?		

10.2 Transmitter and Studio Power Sources

	Please select the power sources used to power the transmitter and/or studio	Select all that apply				
		Mains	Diesel Generator	Solar	Wind)	Other (specify)
10.2.1	Transmitter(s) (where applicable)					
10.2.2	Studio (where applicable)					

10.3 Efficient use of Energy

No.	Select “Yes” or “No” as applies to your operations	Tick Appropriately	
		Yes	No
10.3.1	Do you use energy-saving technologies such as LED at your broadcast facilities (transmitters, offices, transmitters, etc.)?		



PART B: ANNUAL REPORTING SECTION

(Information to be submitted at the end of the Financial Year ending 30th June)

11 MANDATORY DOCUMENTS

Please submit the following documents with quarter 4 compliance returns

- i. A copy of the current certificate of shareholding or list of officials issued by the government office in which the entity is registered (**Not older than 3 months**).
- ii. A copy of audited financial statements for the preceding financial year. The report must be duly signed by a Certified Public Accountant, indicating the auditor's practicing number.
- iii. A copy of a valid tax compliance certificate or tax exemption certificate (*as applicable*).
- iv. For community broadcasters, the audited accounts must clearly show whether surplus from running the community broadcasting station was disposed of in accordance with **License Condition 22: Finances** or additionally provide a letter from its auditors certifying that the disposal was done in accordance with the licence condition.

12 COVERAGE NETWORK

12.1 [Applicable to FM radio broadcasters only] Provide details of ALL transmitters as per the table below.

Additionally, please submit this table in MS Office Excel file.

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

12.2 In how many DTT sites is your signal carried _____. Please provide the list of sites on which your signal is carried.

No.	Site Name	No.	Site Name	No.	Site Name	No.	Site Name
1		5		9		13	
2		6		10		14	
3		7		11		15	
4		8		12		16	

13 Studio Information

No.	Location of the studio (Street, Name of Building, Floor, Room No.)	Studio Contacts Person (Name, Tel, email)
1.		
2.		
3.		

14 STAFF

Staff category		Local (Kenyan Citizens)		Expatriates	
		Male	Female	Male	Female
Technical	Permanent				
	Contract				



	Temporary				
Non-Technical	Permanent				
	Contract				
	Temporary				
Total					



15 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 THE FORM

FOR OFFICIAL USE ONLY

These returns have been :)

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