



NATIONAL/INTERNATIONAL COURIER OPERATOR COMPLIANCE RETURN FORM

PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION & COMMUNICATIONS ACT, 1998 AND REGULATIONS THEREUNDER, AND THE NATIONAL/INTERNATIONAL COURIER LICENCE 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 provisions for both quarterly and annual compliance reporting.
- iii. Information to be submitted within 15 days after the end of every Quarter via email to plc@ca.go.ke
- iv. Please provide information in the spaces provided; you may insert additional rows and pages as required.
- v. Please provide accurate information and fill in all fields as required. Please provide an 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.
- vii. Hard copies shall not be accepted.
- viii. In case you have any compliance inquiries /clarifications, please contact plc@ca.go.ke or call 0703 042 000

1 GENERAL INFORMATION

1.1 Licence Details

Name of Licensee:.....

License No:

1.2 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 Telephone Contacts

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

Other Tel. Nos:

1.4 Email and Web Address

Email:.....

Website:

1.5 Contact Details

Name of Head of the Organization.....
Designation

Name of Contact Person Designation.....
Street / Road.....Building..... Town.....
Telephone Landline..... Mobile.....
P.O Box.....Town.....Postcode.....
Contact Email.....

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

PART A: QUARTERLY REPORTING SECTION

2. VOLUME OF LETTERS AND PARCELS

2.1 Letter Delivery Service

Indicator	Number of Items
Domestic Service	
International Outgoing Services	
International Incoming Services	

2.2 Parcel Delivery Service

Indicator	Number of Items
Domestic Service	
International Outgoing Services	
International Incoming Services	

2.3 E-Commerce Service

Indicators	Number of items
Domestic Service	
International Outgoing Services	
International Incoming Services	

3. QUALITY OF SERVICE

Category	Number of Letters Delivered				Number of Parcels Delivered			
	Same Day ($j+0$)	Following Day ($j+1$)	Within 5 days ($j+4$)	Within 6 days ($j+5$)	Same Day ($j+0$)	Following Day ($j+1$)	Within 5 days ($j+4$)	Within 6 days ($j+5$)
Within the Same Urban Area								
Between Different Urban Areas								
To Special Areas*								
International (Applies to Incoming Letters and Parcels)								
Total								

Special areas are those areas in the country with adverse climatic, infrastructural and security conditions.

4. INCIDENT REPORTING REQUIREMENTS

Complaint Type	Number of Serious Incidents during the Quarter		
	Month 1	Month 2	Month 3
Lost Items			
Stolen Items			
Damaged Items			
Total			

“Serious incident” means a harmful event that occurs on a site during operations

5. COMPLAINTS RESOLUTION

Complaint Type	Number of Complaints Received					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Lost Items						
Delayed Items						
Tampered Items						
Total						

9. MAIL SECURITY

Please indicate your security measures in the areas listed below.

9.1 Prevention of tampering of Mail/Parcels at Outlets

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9.2 Prevention of tampering of Mail/Parcels during transportation

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9.3 Please select the type of mechanism you have in place for tracking postal articles and provide a description below

- Proprietary web-based tracking systems
- Email-based tracking systems/updates.
- SMS-based tracking systems/updates.
- IVR-based tracking systems.

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9.4 Identification of prohibited items e.g., Illicit Drugs, Firearms

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10. ENVIRONMENTAL SUSTAINABILITY COMPLIANCE

Please provide information on initiatives undertaken to dispose of the organizations electronic waste (e-waste)

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11. COMMENTS/ SUGGESTIONS

Please indicate any suggestions to improve the regulatory environment.

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

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 <input type="checkbox"/> Rejected <input type="checkbox"/> (Tick as appropriate)
Name			
Title			
Signature			
Date			