



## COMPLIANCE RETURN FORM

### NETWORK FACILITIES PROVIDER

**PURSUANT TO THE PROVISIONS OF THE KICA 1998 AND THE KICA AMENDMENT ACT, 2013, AND THE KENYA INFORMATION AND COMMUNICATIONS 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
- 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., 2021/2022)

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.....	Floor No.....	Room No.....

**1.3.2 Postal Address:**

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

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**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** (NFP-T1 Only. Provide data in Excel)

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

**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

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**PART B: ANNUAL REPORTING SECTION**


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**(Information to be submitted within 15 days at the end of the Quarter ending 30<sup>th</sup> June)**

**4. MANDATORY DOCUMENTS (To be submitted 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 Accountant, indicating the auditor's practicing number.
- iii. Valid tax compliance certificate.
- iv. Tariff structure.

**5. SYSTEMS CAPACITIES**

**5.1. Broadband Infrastructure** (Attach shape files (.shp) in the format provided below)

Type of Broadband Infrastructure (eg. Radio, Optical Fibre, Other (specify))	Infrastructure Ownership/Host	Capacity Owned/Leased (Gbps)	Capacity	
			Utilized (Gbps)	

**6. STAFF (Indicate staff only engaged on licensed services)**

Staff category		Local (Kenyan Citizens)		Expatriates	
		Male	Female	Male	Female
Technical	Permanent				
	Contract				
	Temporary				
None Technical	Permanent				
	Contract				
	Temporary				
<b>Total</b>					

**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;

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c) Please indicate the challenges or limitations you face in serving Persons Living With Disability

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d) What are your future plans to enhance ICT inclusivity and accessibility for PWDs

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**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);

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

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

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**9 COMMENTS/ SUGGESTIONS**

Please share any challenges faced and/or make 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 THIS FORM**

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**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)
<b>Name</b>			
<b>Title</b>			
<b>Signature</b>			
<b>Date</b>			