



**POSTAL CORPORATION OF KENYA COMPLIANCE RETURN FORM**

**PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION & COMMUNICATIONS ACT, 1998 AND REGULATIONS THEREUNDER, AND THE 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](mailto:plc@ca.go.ke)
- iv. Please provide information in the space 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](mailto:plc@ca.go.ke) or call [0703 042 000](tel:0703042000)

**1 GENERAL INFORMATION**

**1.1. Period under review (Tick against appropriate quarter)**

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

Quarter 1 (1 <sup>st</sup> Jul – 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)

**1.2. Telephone Contacts**

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

Other Tel. Nos: .....

**1.3. Email and Web Address**

Email: .....

Website: .....

**1.4. 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)

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**PART A: QUARTERLY REPORTING SECTION**


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**2 VOLUME OF LETTERS AND PARCELS****2.1 Letter Delivery Service**

<b>Indicator</b>	<b>Number of Items</b>
Domestic Service	
International Outgoing Services	
International Incoming Services	
Hybrid Mail Service	

**2.2 Posta Parcels Service**

<b>Indicator</b>	<b>Number of Items</b>
Domestic Service	
International Outgoing Services	
International Incoming Services	

**2.3 Express Mail Service (EMS)**

<b>Indicator</b>	<b>Number of items</b>
Domestic Service	
International Outgoing Services	
International Incoming Services	

**2.4 E-Commerce Service**

<b>Indicator</b>	<b>Number of items</b>
Domestic Service	
International Outgoing Services	
International Incoming Services	

**3 POSTAL FINANCIAL SERVICES**

<b>Indicator</b>	<b>Number of Transactions</b>	<b>Value of Transactions</b>
Money Orders		
Postal Orders		
Postal Drafts		
Postal Cheques		
Postal Traveller's Cheques		
Giro		

#### 4 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)								
<b>Total</b>								

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

#### 5 SERIOUS INCIDENT REPORTING REQUIREMENTS

Complaint Type	Number of Serious Incidents		
	Month 1	Month 2	Month 3
Lost Items			
Stolen Items			
Damaged Items			
<b>Total</b>			

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

#### 6 COMPLAINTS RESOLUTION

Complaint Type	Number of Complaints Handled					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Lost Items						
Delayed Items						
Tampered Items						
<b>Total</b>						

**PART B: ANNUAL REPORTING SECTION**

**7 MANDATORY DOCUMENTS TO BE SUBMITTED WITH THE COMPLIANCE RETURN FORM**

- (a) Copy of Audited Financial Statements for the preceding year.
- (b) Valid Tax Compliance Certificate

**8 NUMBER OF POSTAL OUTLETS**

Please attach the list of all PCK outlets in the country using the format below.

Name of Post Office	Town	County	Category (Head Post Office/Departmental Post Office /Sub-Post Office)	No. of Letter Boxes	No. of Installed Post Office Boxes	No. of Rented Post Office Boxes	Postal Financial Services (Indicate Yes or No)

**9 ISSUANCE OF POSTAGE STAMPS**

9.1 Please provide in the table below the details of the new Postage stamps issued during the year.

Category (Definitive, Commemorative or Special Issue)	Date of Issue	Value of Stamp	Description

**10 SCHEDULE OF TARIFFS**

Please submit the tariffs or rates for all licensed services (Letter Post Services, Parcel Post services, EMS, Stamps, Letterboxes, and Postal Financial Services).

**11 STAFF**

Provide the number of staff as per the format below.

Staff category	Local (Kenyan Citizens)		Expatriates	
	Male	Female	Male	Female
Management				
Delivery				
Operations (not delivery)				
Total				

**12 MAIL SECURITY**

Please indicate your security measures in the areas listed below.

12.1 Prevention of tampering of Mail/Parcels at Outlets

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12.2 Prevention of tampering of Mail/Parcels during transportation  
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12.3 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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12.4 Identification of prohibited items e.g., Illicit Drugs, Firearms  
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**13 ENVIRONMENTAL SUSTAINABILITY COMPLIANCE**

13.1 Please provide information on initiatives undertaken to dispose of the organizations electronic waste (e-waste)  
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**14 COMMENTS/ SUGGESTIONS**

14.1 Please indicate any suggestions to improve the regulatory environment

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<b>Details of Individual Submitting the form</b>		
<b>Name</b>		
<b>Title</b>		
<b>Date</b>		
<b>Signature</b>		
		<b>Company Stamp</b>

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**THANK YOU FOR COMPLETING THE FORM**

**FOR OFFICIAL USE ONLY – DO NOT FILL BELOW THIS LINE**

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These returns have been:

	<b>Checked By:</b>	<b>Verified by:</b>	<b>Approved <input type="checkbox"/></b> <b>Rejected <input type="checkbox"/></b> <b>(Tick as appropriate)</b>
<b>Name</b>			
<b>Title</b>			
<b>Signature</b>			
<b>Date</b>			