



COMPLIANCE RETURN FORM

SUBSCRIPTION BROADCASTING SERVICE

PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT, 1998 AND THE REGULATIONS MADE THEREUNDER, AND THE SUBSCRIPTION 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) 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 the Licensee: _____
- b) Service identity (call sign): _____
- c) Licence/Service(s) Type:

Subscription Broadcasting Service
Subscription Management Service

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:

Web address:

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

(Information to be submitted at the end of every Quarter)

2. DECODER/STB SALES

S.No.	Service Type	Number of decoders/STBs Sold			Cumulative STBs sold since operations began
		Month 1	Month 2	Month 3	
1.	Cable television (CATV)				
2.	Direct-to-home (DTH) satellite TV				
3.	Internet-protocol TV (IPTV)				
4.	Terrestrial multichannel TV				
5.	Others (please specify)				

3. SUBSCRIPTIONS (include all that can still subscribe/access the service whether active or inactive)

No.	Service Type	Subscriptions (Active+Inactive)		
		Month 1	Month 2	Month 3
1	Cable television (CATV)			
2	Direct-to-home (DTH) satellite TV			
3	Internet-protocol TV (IPTV)			
4	Terrestrial multichannel TV			
5	Others (please specify)			

4. SUBSCRIPTION STATUS

No.	Service Type	Status	Subscriptions		
			Month 1	Month 2	Month 3
1.	Cable television (CATV)	Active			
		Inactive			
2.	Direct-to-home (DTH) satellite TV	Active			
		Inactive			
3.	Internet-protocol TV (IPTV)	Active			
		Inactive			



4.	<i>Terrestrial multichannel TV (DTT)</i>	<i>Active</i>			
		<i>Inactive</i>			
5.	<i>Other (Specify)</i>	<i>Active</i>			
		<i>Inactive</i>			

5. COMPLAINTS RESOLUTION

Complaint Type	Number of Complaints					
	Month 1		Month 2		Month 3	
	<i>Received</i>	<i>Resolved</i>	<i>Received</i>	<i>Resolved</i>	<i>Received</i>	<i>Resolved</i>
<i>Programming/Content</i>						
<i>Poor Signal Quality</i>						
<i>Billing</i>						
<i>Poor Customer Service</i>						
<i>Must Carry</i>						
<i>Receiving Equipment</i>						
<i>Other (Specify)</i>						
Total						

6. COPYRIGHT LICENCES

Has the licensee obtained all copyright licenses for all content included in the bouquets? Yes No

7. TARIFF CHANGES

S.No	Tariff changes	Tick appropriately	
		<i>Yes</i>	<i>No</i>
7.1	Has the pricing and/or price of any bouquet changed over the quarter?		
7.2	If Yes, was the change approved by the Authority?		

8. SUSTAINABILITY & GREEN ICT

8.1 Infrastructure sharing

No.	<i>Please answer the questions below by selecting either "Yes" or "No" as may be applicable</i>	Tick Appropriately	
		<i>Yes</i>	<i>No</i>
8.1.1	Are your transmitter(s) are hosted at a multi-tenant transmission site?		
8.1.2	Are your transmitter(s) at your own-built transmission site?		
8.1.3	If 10.1.2 is Yes, do you host other ICT service providers at your own built transmission site?		



8.1.4	If 10.1.2 is No, would you host other ICT service providers at your own built transmission site on commercial terms?		
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8.2 Power sources for broadcast facilities

	<i>Please select the power sources used to power broadcast facilities</i>	<i>Select all that apply</i>				
		<i>Mains</i>	<i>Diesel Generator</i>	<i>Solar</i>	<i>Wind)</i>	<i>Other (specify)</i>
8.2.1	<i>Power sources for broadcast facilities</i>					

8.3 Efficient use of Energy

<i>No.</i>	<i>Select "Yes" or "No" as applies to your operations</i>	<i>Tick Appropriately</i>	
		<i>Yes</i>	<i>No</i>
8.3.1	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)

9. MANDATORY DOCUMENTS

Please submit the following documents 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 Public Accountant, indicating the auditor's practicing number.
- iii. Valid tax compliance certificate.

10. CUSTOMER CARE OUTLETS

Location of customer care outlets	Services offered	Hours of operation	Contact Details

11. TARIFF INFORMATION

No.	Bouquet	Cost of bouquet	Number of Channels (per bouquets)

12. STAFF (*Indicate only staff engaged in licensed services*)

Staff category		Local (Kenyan Citizens)		Expatriates	
		Male	Female	Male	Female
Technical	Permanent				
	Contract				
	Temporary				
Non-Technical	Permanent				
	Contract				
	Temporary				
Total					



13. 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	

FOR OFFICIAL USE ONLY

These returns have been :)

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