



COMPLIANCE RETURN FORM

TELECOMMUNICATIONS VENDOR

PURSUANT TO THE PROVISIONS OF THE KICA 1998, KC (A) A, 2009 AND THE LICENSE CONDITIONS

1. GENERAL INFORMATION

1.1 Licence Details

Name of Licensee: _____

License No: _____

Other Licenses held: _____

1.1 Period under review

FINANCIAL YEAR _____ *(based on Government of Kenya Financial year e.g. 2013/2014)*

1.3 Address

1. Physical Address:

Town _____ Street/Road _____

Floor No. _____ Room No. _____

Name of Building _____

2. Postal Address:

P. O. Box _____ Postal Code _____

Post Office Town _____

3. Phone and Fax Contact:

Tel. No. _____

Mobile No. _____ Other Tel. Nos. _____

4. Email and Web Address:

Email address: _____

Web Address: _____

Did any of the address information change during the year? (Tick as appropriate) Yes No

(If yes then attach a letter documenting the same)

2. DETAILS OF COMMUNICATIONS END USER UNITS SOLD

No	Type of Unit (e.g. Mobile Phone, Tablet, Set Top Box etc.)	Make (e.g. Nokia)	Model (e.g. 6310)	Price	Number of Units Sold During Quarter			
					Quarter 1	Quarter 2	Quarter 3	Quarter 4
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3.								
4.								
5.								
6.								
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37.								

3. **COMMENTS/ SUGGESTIONS**

Please indicate challenges and suggestions to improve the regulatory environment.

Signed.....

Name.....

Title.....

Date

Stamp here

Company Stamp above

*(NB: Where Nil returns are filed an explanation **MUST** be provided under the Comments/Suggestions section of this form)*

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

N/B A COMPLIANCE CERTIFICATE WILL NOT BE ISSUED IF THE COMPLIANCE RETURNS ARE SUBMITTED LATE OR REJECTED BY THE AUTHORITY