



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 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:

1.2. Period under review (Tick against appropriate quarter)

FINANCIAL YEAR _____ (based on 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 address:

Web address:

1.5. Contact details

Name of Chief Executive Officer (CEO)

Name of Contact Person

Telephone: Landline..... Mobile.....

Email.....

Did any of the address information change during the quarter?
(Please tick as appropriate)

Yes

No

PART A: QUARTERLY REPORTING SECTION

2. VOLUME OF LETTERS AND PARCELS

Indicator	Number of Outgoing Items		Number of Incoming Items	
	Collected by Customers	Delivered to Customers Premise	Deposited by Customers	Collected from Customers Premise
Local Letters (Below 350 Grams)				
Local Parcels				
International Letters (Below 350 Grams)				
International Parcels				

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 Same Urban Area								
Between Different Urban Areas								
To Special Areas*								
International (Applies to Incoming Parcels And Letters)								
Total								

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

4. COMPLAINTS RESOLUTION

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

PART B: ANNUAL REPORTING SECTION

5. MANDATORY DOCUMENTS TO BE SUBMITTED WITH THE COMPLIANCE RETURN FORM

- 1) Tariff Structure
- 2) A copy of Audited financial statements for the preceding year duly signed by a Certified Accountant and indicating the auditor's practicing number.
- 3) Valid Tax Compliance Certificate.
- 4) Current Certificate of Shareholding (CR12) (**not older than 3 months**).
- 5) Current list of officials issued by the Registrar of Societies (**not older than 3 months**).

6. NUMBER OF OUTLETS

6.1 Headquarter office location

Location of headquarter outlet				Name of Contact Person	Mobile Number	Email address
County	Town	Street	Building			

6.2 Please attach a list of all outlets using the format below

Location of Outlet				Name of Contact Person	Telephone Number
County	Town	Street	Building		

7. STAFF

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

8. MAIL SECURITY

Please indicate your security measures in the areas listed below.

8.1. Prevention of tampering of Mail/Parcels at Outlets

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8.2. Prevention of tampering of Mail/Parcels during transportation

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

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9. ENVIRONMENTAL SUSTAINABILITY COMPLIANCE

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

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10. COMMENTS/ SUGGESTIONS

10.1. 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			