



**COMPLIANCE RETURN FORM**

**INTERNATIONAL GATEWAY SYSTEMS AND SERVICES (IGSS) AND/OR SUBMARINE CABLE LANDING (SCL)**

**PURSUANT TO THE PROVISIONS OF THE KENYA COMMUNICATIONS ACT 1998, KENYA COMMUNICATION REGULATIONS 2010 AND THE NFP LICENSE CONDITIONS**

*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*

**1 GENERAL INFORMATION**

**1.1 Licence Details**

Name of Licensee (Company Name): \_\_\_\_\_

License No: \_\_\_\_\_

Other Licenses held: \_\_\_\_\_

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**1.2 Period under review** (Tick against appropriate quarter)

**FINANCIAL YEAR** \_\_\_\_\_ (based on Government of Kenya Financial year i.e. 2017/2018)

<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
(1 <sup>st</sup> July – 30 <sup>th</sup> Sep)	(1 <sup>st</sup> Oct – 31 <sup>st</sup> Dec)	(1 <sup>st</sup> Jan – 31 <sup>st</sup> Mar)	(1 <sup>st</sup> Apr – 30 <sup>th</sup> Jun)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**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 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 quarter? (Tick as appropriate) Yes  No

*(If Yes attach a letter documenting the changes in the address)*

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**1.4 Contact details**

Name of Head Of Organization \_\_\_\_\_

Title of Head Of Organization \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Designation: \_\_\_\_\_

Telephone \_\_\_\_\_

Email: \_\_\_\_\_ Web address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**1.5 Instructions**

- 1. This form has provision for both quarterly and annual reporting.**
- 2. Please provide information in the space provided, you may insert additional rows and pages as required.**
- 3. Please note that all the address information requested must be provided above whether or not there were changes during the quarter.**

**PART A: QUARTERLY REPORTING SECTION**

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

**2 TYPES OF INFRASTRUCTURE/TECHNOLOGY DEPLOYED UNDER THIS IGS LICENSE**

Type of infrastructure	Brief Description

**3 SYSTEM CAPACITY**

**3.1 International Data Routing**

INTERNATIONAL PROVIDER	BANDWIDTH (Gbps)							
	Satellite				Submarine Cable			
	Incoming		Outgoing		Design Capacity	Lit Capacity	Used Capacity	
	Leased	Used	Leased	Used			Sold in Kenya	Sold to other countries
1.								
2.								
3.								
4.								
<b>TOTAL</b>								

3.2 **Locally sold Capacity (Total should be equal to used capacity in Kenya in table 3.1) – Attach a list based on the format provided below if the details cannot fit into the space provided below.**

NAME OF LOCAL NFP CLIENTS	BANDWIDTH (Gbps)	
	Purchased Capacity	Capacity Utilized by Client
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
<b>TOTAL</b>		

3.3 **International Voice Routing Capacity**

INTERNATIONAL ROUTING				
NAME OF CARRIER/COUNTRY OF DESTINATION	NO. OF CIRCUITS			TECHNOLOGY DEPLOYED
	IC	OG	BW	(OFC, Satellite or Terrestrial Microwave)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

IC - Incoming Circuits

OG – Outgoing Circuits

BW – Both way Circuits

## 4 SATELLITE EARTH STATIONS/HUBS

	Name of Earth Station/Hub	Location of Earth Station/Hub	Access Satellite	Location Of Satellite (°)	Antenna Size (m)	No. of VSATs Connected	Max no. of VSAT the Hub can support
1.							
2.							
3.							
4.							
5.							
6.							
7.							

The information above shall also be submitted in Microsoft excel/csv format to the email address [compliance@ca.go.ke](mailto:compliance@ca.go.ke), quoting the number of the Licence the data relates to as well as the quarter the data pertains to. Earth station location information shall be expressed in terms of Longitude and Latitude.

## 5 RESOLUTION OF CUSTOMER/CONSUMER ISSUES (Attach document from CRM)

Complaint Type	Number of Complaints					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Service Interruptions						
Network Faults						
Poor Service Reception						
Disconnection						
Billing						
Interconnection						
Others (Please Specify below)						
<b>CRM Information</b>						
<b>Type Of CRM</b>						
<b>Details of CRM</b>						
<b>Total complaints</b>						

**6 QUALITY OF SERVICE**

<b>Network Performance</b>	
<b>Network Parameter</b>	<b>Performance during Quarter</b>
Network Availability (Uptime %)	
Average no. of Faults per month	
Average Fault Repair time	
Average Packet Loss	
Average Delay	
Average Error rate	

**PART B: ANNUAL REPORTING SECTION**

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

**7 SHAREHOLDING INFORMATION**

**Please attach a copy of the current certificate of shareholding (Issued Not more than 3 months old).**

**8 FINANCIAL DATA:**

Specify the start and end dates of your firm's financial year below.

Financial Year Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Please attach the following;**

- I. A copy of your Annual Audited Accounts for the preceding year.
- II. Valid tax compliance certificate.

9 STAFF

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

10 ENVIRONMENTAL SUSTAINABILITY COMPLIANCE

Reporting on Environmental Sustainability Initiatives

10.1. 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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10.2. Provide information on initiatives that you are undertaking in the operations to reduce the carbon footprint/negative environmental impact;

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

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**11 COMMENTS/ SUGGESTIONS**

Please share any challenges faced and/or make suggestions to improve the regulatory environment.

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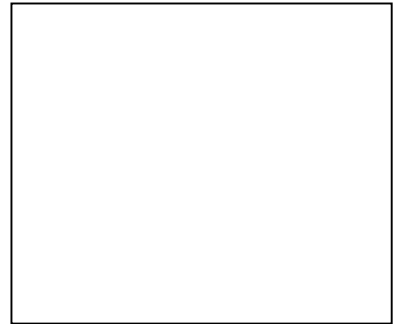
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Signed.....

Name.....

Title.....

Date .....



Company Stamp above

**NB:**

*a) Where Nil returns are provided an explanation **MUST** be provided under the Comments/Suggestions section of this form.*

*b) The returns will only be accepted if the form is the most up to date as posted on the CA website. Always download the forms for every submission since reviews are made often to ensure responsiveness.*

**THANK YOU FOR COMPLETING THE 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)
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**

**\*\*check on the relevance of the no of circuits for international routing IC an OG**