

COMPLIANCE RETURN FORM

INTERNATIONAL GATEWAY SYSTEMS AND SERVICES (IGSS) OR SUBMARINE CABLE LANDING (SCLR)

PURSUANT TO THE PROVISIONS OF THE KICA 1998 AND THE KICA AMENDMENT ACT, 2013, AND THE KENYA INFORMATION AND COMMUNICATIONS REGULATIONS AND THE LICENSE 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

| 1.1 Dicence Detai | |
|---------------------|--|
| Name of Licensee | |
| License No | |
| Other Licenses held | |

1.2 Period under review (Tick against appropriate quarter)

FINANCIAL YEAR

(based on Government of Kenya Financial year e.g., 2021/2022)

| Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
|-----------------------|--|--|--|
| (1st July – 30th Sep) | (1 st Oct – 31 st Dec) | (1 st Jan – 31 st Mar) | (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 Add | ress | | |
| Email address: | | | |
| Web address: | | | |
| | | | |
| 1.4 Contact details | | | |
| Name of Chief Executive Officer (| (CEO) | | |
| Name of Contact Person | | | |
| Telephone Landline | | Mobile | |
| Email | | | |
| Did any of the address informat (Please tick as appropriate) | ion change during t | the quarter? | Yes No |

PART A: QUARTERLY REPORTING SECTION

2 TYPES OF INFRASTRUCTURE DEPLOYED UNDER THE LICENSE

| | Type of infrastructure | Brief Description |
|----|------------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

3 SYSTEM CAPACITY

3.1 **International Data Routing**

| | BANDWIDTH (Gbps) | | | | | | | |
|---------------|------------------|------|----------|-----------------|--------------------|--------------|------------------|-------------------------------|
| | Satellite | | | Submarine Cable | | | | |
| INTERNATIONAL | Incon | ning | Outgoing | | Dogian | | Used Capacity | |
| PROVIDER | Leased | Used | Leased | Used | Design Capacity | Lit Capacity | Sold in Kenya | Sold to other countries |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTAL | | | | | | | | |

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.

| | BANDV | VIDTH (Gbps) |
|---------------------------|--------------------|-----------------------------|
| NAME OF LOCAL NFP CLIENTS | Purchased Capacity | Capacity Utilized by Client |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| TOTAL | | |

PART B: ANNUAL REPORTING SECTION

(Information to be submitted at the end of the Quarter ending 30th June)

4 MANDATORY DOCUMENTS (To be submitted 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 Accountant, indicating the auditor's practicing number.
- iii. Valid tax compliance certificate.
- iv. Tariff structure.

5 SYSTEM CAPACITY

5.1 **International Voice Routing Capacity** (*Provide data in excel format*)

| Therefore voice routing outside it for the cheer formally | | | | | | | |
|---|-----------------------|---|--|--|--|--|--|
| INTERNATIONAL ROUTING | | | | | | | |
| NAME OF CARRIER/COUNTRY OF DESTINATION | NO. OF CIRCUITS BW | TECHNOLOGY DEPLOYED (OFC, Satellite or Terrestrial Microwave) (OFC, Satellite or Terrestrial Microwave) | | | | | |
| | | | | | | | |
| | | | | | | | |
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6 SATELLITE EARTH STATIONS/HUBS (*Provide data in excel format*)

| | 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 STAFF

| Staff category | | Local (Kenyan Citizens) | | Expatriates | |
|-------------------|-----------|-------------------------|--------|-------------|--------|
| | | Male | Female | Male | Female |
| | Permanent | | | | |
| Technical | Contract | | | | |
| | Temporary | | | | |
| Nama | Permanent | | | | |
| None Technical | Contract | | | | |
| | Temporary | | | | |
| Total | | | | | |

8 COMPLIANCE TO PROVISION OF SERVICE AND FACILITIES TO PERSONS LIVING WITH DISABILITY IN LINE WITH KS2952 STANDARD.

- a) Please indicate your awareness and compliance to the KS2952 (May 2022) standard on ICT Accessibility for PWDs
 - i) Aware of the standard Yes/No
 - ii) Complied with the standard Yes/No.

(if Yes, please attach the standard matrix as guided therein)

| b) | Please specify the actions taken in your organization to ensure accessibility to your services |
|----|--|
| | and facilities by PWDs; |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| c) | Please indicate the challenges or limitations you face in serving Persons Living With |
| | Disability |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| d) | What are your future plans to enhance ICT inclusivity and accessibility for PWDs |
| | |
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9 ENVIRONMENTAL SUSTAINABILITY COMPLIANCE

| 9.1 | Reporting on Environmental Sustainability Initiatives |
|-------|--|
| 9.1.1 | 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); |
| | |
| | |
| | |
| | |
| | |
| 9.1.2 | Provide information on initiatives that you are undertaking in the operations to reduce the carbon footprint/negative environmental impact; |
| | |
| | |
| | |
| | |
| 9.1.3 | Provide information on the current status of adherence to the Environmental Management and Coordination Act, EMCA on Waste Management. |
| | |
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| | |
| | |

10 COMMENTS/ SUGGESTIONS

| Please share | e any challenges faced and/or m | ake suggestions to improve the | ne regulatory environment. |
|--------------|---------------------------------|--------------------------------|---|
| | | | |
| | | | |
| | | | |
| Signed | | | |
| Name | | | |
| Title | | | |
| Date | | | |
| | | | |
| | THANK YOU FO | OR COMPLETING THE FO | ORM |
| | FOR OFFICIAL USE ONI | LY – DO NOT FILL BELO | W THIS LINE |
| These return | rns have been :) | | |
| | Checked By: | Verified by: | Approved □ Rejected □ (Tick as appropriate) |
| Name | | | |
| Title | | | |
| Signature | | | |
| Date | | | |