



COMPLIANCE RETURN FORM

BUSINESS PROCESS OUTSOURCING

PURSUANT TO THE PROVISIONS OF THE KCA 1998, KC (A) A, 2009 AND THE 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 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)

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. 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 quarter? (Tick as appropriate) Yes No

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

1.4 Contact details

Name of Head Of Organization (CEO): _____

Title of Head Of Organization: _____

Name of contact person: _____

Designation: _____

Telephone: (a) Landline _____ (b) Mobile: _____

Email: _____ Web address: _____

Signature of submitting contact person: _____ Date _____

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.

PART A: QUARTERLY REPORTING SECTION

2. CUSTOMER INFORMATION

2.1 Domestic Call Center Service

Client Name	Client's Industry	Service offered to Client	Contract period
1.			
2.			
3.			
4.			
5.			

2.2 International Call Center Service

Client Name	Client's Industry*	Country	Service offered to Client	Contract period
1.				
2.				
3.				
4.				
5.				

* Indicate IT, Financial services, Communication (Telecom), Manufacturing, etc

3. CONNECTIVITY DETAILS (Service provided by operator)

Call center location	Data Link Provider	Access technology i.e. OFC, leased lines, Satellite	Bandwidth [MBps]
1.			
2.			
3.			
4.			
5.			

PART B: ANNUAL REPORTING SECTION

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

4. SHAREHOLDING INFORMATION

Name of Shareholder	Citizenship	Shareholding (Percentage)

5. FINANCIAL DATA:

Year	
Revenue generated from local outsourcing	
Revenue generated from international outsourcing	

In addition, please attach the following;

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

6. STAFF

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

7. COMMENTS/ SUGGESTIONS

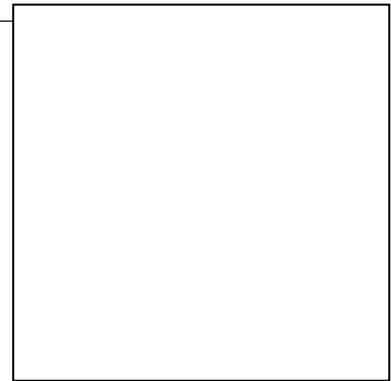
Please share any challenges and suggestions to improve the regulatory environment.

Signed.....

Name.....

Title.....

Date



Company Stamp Here

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

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