



COMPLIANCE RETURN FORM

DOT KE DOMAIN NAME REGISTRY SERVICE PROVIDER

PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT OF 1998, 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

Instructions

1. *This form has provision for both quarterly and annual returns.*
2. *Please provide information in the space provided, you may insert additional rows and pages as required.*
3. *Where Nil returns are provided an explanation **MUST** be provided under the Comments/Suggestions section of this form)*
4. *A compliance certificate will not be issued if the compliance returns are submitted late or rejected by the authority.*

1 GENERAL INFORMATION

1.1 Licence Details

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. 2020/2021)

Quarter 1
(1st July – 30th Sep)

Quarter 2
(1st Oct – 31st Dec)

Quarter 3
(1st Jan – 31st Mar)

Quarter 4
(1st Apr – 30th Jun)

1.3 Address

1. Physical Address:

Town _____ Street/Road _____

CA/F/LCS/CRF/12.3

LR No. _____ 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. _____ Fax. No. _____
Mobile No. _____ Other Tel. Nos. _____

4. Email, Web and WHOIS Address:

Email address: _____
Web Address: _____
WHOIS Server Address: _____

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

1.4 Contact details

Name of Chief Executive Officer (CEO): _____
Title of CEO: _____
Name of contact person: _____
Designation: _____
Telephone: (a) Landline _____ (b) Mobile: _____ Fax: _____
Email: _____ Web address: _____
Signature of submitting contact person: _____ Date _____

Name of Dot KE Registry Administrative Contact: _____
Designation: _____
Telephone: (a) Landline _____ (b) Mobile: _____
Email: _____ National ID No. _____

Name of Dot KE Registry Technical Contact: _____
Designation: _____
Telephone: (a) Landline _____ (b) Mobile: _____
Email: _____ National ID No. _____

PART A: QUARTERLY REPORTING SECTION

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

2 DOMAIN NAME REGISTRY SERVICE

2.1 New Dot KE Domain Name Registrations

Indicator	1st month in the quarter	2nd month in the quarter	3rd month in the quarter
.AC.KE			
.CO.KE			
.GO.KE			
.INFO.KE			
.ME.KE			
.MOBI.KE			
.NE.KE			
.OR.KE			
.SC.KE			
Total Number of New Domains			

2.2 Total Number of Dot KE Domain Names

Indicator	1st month in the quarter	2nd month in the quarter	3rd month in the quarter
.AC.KE			
.CO.KE			
.GO.KE			
.INFO.KE			
.ME.KE			
.MOBI.KE			
.NE.KE			
.OR.KE			
.SC.KE			
Total Number of Domains			

2.3 Cost of Dot KE Subdomain Names

Subdomain Name	1st month in the quarter	2nd month in the quarter	3rd month in the quarter
.AC.KE			
.CO.KE			
.GO.KE			
.INFO.KE			
.ME.KE			
.MOBI.KE			
.NE.KE			
.OR.KE			
.SC.KE			

CA/F/LCS/CRF/12.3

2.4 Dot KE Subdomain Name Registrars

Indicator	1 st month in the quarter	2 nd month in the quarter	3 rd month in the quarter
Number of New Registrars			
Total Number of Registrars			

3 QUALITY OF SERVICE (as measured through complaints resolution)

3.1 Performance of the Domain Name System (DNS)

Indicator	1 st month in the quarter (average)	2 nd month in the quarter (average)	3 rd month in the quarter (average)
Availability of the DNS Service (%)			
Mean response time of the DNS Service (milliseconds)			

3.2 Complaints Resolution

Complaint Type	Number of Complaints during Quarter					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Billing						
Technical						
Cybercrime Incidents						
Spamming						
Difficulty in accessing customer care						
Others (please specify)						
TOTAL						

4 CYBERCRIME INCIDENTS

4.1 Cybercrime Incidents

Cybercrime Incident Type	Number of Cybercrime Incidents during Quarter					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Denial of Service						
Defacements						
Fraud						
Impersonation						
Online Abuse						
Phishing						
Spamming						
SQL Injection						
Others (please specify)						
TOTAL						

5 Reserved and restricted names

5.1 Please attach a list of “Reserved Dot KE Domain Names”

5.2 Please attach a list of “Restricted Dot KE Domain Names”

PART B: ANNUAL REPORTING SECTION

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

6 SHAREHOLDING INFORMATION

Please attach a copy of the current certificate of shareholding (Not more than 1 month old).

7 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.

8 NUMBERING RESOURCES

Numbering Resource (i.e. IP Adresses Range, Short Codes, USSD Codes, Premium Call Numbers)	Total numbers assigned	Numbers in use	Numbers not in use	Reasons for Non Usage

9 COMMENTS/ SUGGESTIONS

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

Signed.....

Name.....

Title.....

Date



Company Stamp above

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			