



## COMPLIANCE RETURN FORM

## SUBSCRIPTION BROADCASTING SERVICE

**PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT, 1998 AND THE REGULATIONS MADE THEREUNDER, AND THE SUBSCRIPTION BROADCASTING 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 to capture all official amendments.
- ii. The form has provisions for both quarterly and annual returns.
- iii. Provide information in the space provided, you may insert additional rows and pages as required.
- iv. Provide accurate information and fill in all fields as required. Please explain fields where you may not have relevant information.
- v. Where nil returns are submitted, an explanation **MUST** be provided under the Comments/Suggestions section.
- vi. Where a licensee operates multiple broadcast stations, a separate form shall be filled for **EACH** broadcasting station.
- vii. Duly completed compliance forms together with all the required attachments should be sent to the email address [broadcasting-compliance@ca.go.ke](mailto:broadcasting-compliance@ca.go.ke) within fifteen (15) days of the end of the quarter. **Hard copies will not be accepted.**
- viii. In case you have any compliance inquiries/ clarifications, please contact [broadcasting-compliance@ca.go.ke](mailto:broadcasting-compliance@ca.go.ke) or 0703042000.

**1. GENERAL INFORMATION****1.1 Licensee Details**

- a) Name of the Licensee: \_\_\_\_\_
- b) Service identity (Station ID): \_\_\_\_\_
- c) Licence Category:

Subscription Broadcasting Service

Subscription Management Service

**1.2 The period under review** (Tick against appropriate quarter)

**FINANCIAL YEAR** \_\_\_\_\_ (based on the Government of Kenya Financial year e.g., 2020/2021)

Quarter 1 (1 <sup>st</sup> July – 30 <sup>th</sup> Sep)	Quarter 2 (1 <sup>st</sup> Oct – 31 <sup>st</sup> Dec)	Quarter 3 (1 <sup>st</sup> Jan – 31 <sup>st</sup> Mar)	Quarter 4 (1 <sup>st</sup> Apr – 30 <sup>th</sup> 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 Address**

Email: .....

Web: .....

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**1.4 Contact details**

Name of Head of the Organization .....

Designation .....

**Contact Person** *(if different from the Head of Organization)*

Name of Contact Person .....

Designation .....

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

Email.....

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Did any of the address information change during the quarter? (Please tick as appropriate. If Yes, attach a letter providing details of the change)      Yes       No



**PART A: QUARTERLY REPORTING SECTION**

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

**2. DECODER/SET TOP BOX (STB) SALES**

S.No.	Service Type	Number of decoders/STBs Sold			Cumulative STBs sold since operations began
		Month 1	Month 2	Month 3	
1.	Cable Television (CATV)				
2.	Direct-to-home (DTH) Satellite TV				
3.	Internet-Protocol TV (IPTV)				
4.	Terrestrial Multichannel TV				
5.	Others (please specify)				

**3. ACTIVE SUBSCRIPTIONS <sup>1</sup>**

No.	Service Type	Active Subscriptions		
		Month 1	Month 2	Month 3
1	Cable television (CATV)			
2	Direct-to-home (DTH) satellite TV			
3	Internet-Protocol TV (IPTV)			
4	Terrestrial Multichannel TV			
5	Others (please specify)			

<sup>1</sup> Active Subscriptions refers to any subscription that has generated revenue in the last three months.

**4. COMPLAINTS RESOLUTION**

Complaint Type	Number of Complaints					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Programming/Content						
Poor Signal Quality						
Billing						
Poor Customer Service						
Must Carry						
Receiving Equipment						
Other (Specify)						
<b>Total</b>						

<sup>1</sup> Refers to any subscription that has generated revenue in the last three months.

**PART B: ANNUAL REPORTING SECTION**

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

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

- 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 Public Accountant, indicating the auditor's practicing number.
- iii. Valid tax compliance certificate.

**6. COPYRIGHT LICENCES**

Did you obtain copyright licences for all the content included in the bouquets? Yes  No

**7. SUSTAINABILITY & GREEN ICT**

**7.1 Infrastructure Sharing**

No.	Please answer the questions below by selecting either "Yes" or "No" as may be applicable	Tick Appropriately	
		Yes	No
i.	Are your transmitter(s) are hosted at a multi-tenant transmission site?		
ii.	Are your transmitter(s) at your own-built transmission site?		
iii.	If 7.1. ii is Yes, do you host other ICT service providers at your own built transmission site?		
iv.	If 7.1. ii is No, would you host other ICT service providers at your own built transmission site on commercial terms?		

**7.2 Power Sources for Broadcast Facilities**

No.	Please select the power sources used to power broadcast facilities	Select all that apply				
		Main Grid	Generator	Solar	Wind	Other (specify)
i.	Power sources for broadcast facilities					

**7.3 Efficient use of Energy**

No.	Select "Yes" or "No" as applies to your operations	Tick Appropriately	
		Yes	No
i.	Do you use any energy-saving technologies at your broadcast facilities (transmitters, offices, transmitters, etc.)?		

**8. CUSTOMER CARE OUTLETS**

Location of Customer Care outlets	Services Offered	Hours of operation	Contact Details

**9. TARIFF INFORMATION**

No.	Bouquet	Cost of bouquet	Number of Channels (per bouquets)

**10. STAFF**

11. Please provide staff information in the table below

Staff category		Local (Kenyan Citizens)		Expatriates	
		Male	Female	Male	Female
Technical	Permanent				
	Contract				
	Temporary				
Non-Technical	Permanent				
	Contract				
	Temporary				
<b>Total</b>					



**12. COMMENTS/ SUGGESTIONS**

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

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Details of Individual Submitting the form	
Name	.....
Title	.....
Date	.....
Signature	.....
Company Stamp	

**FOR OFFICIAL USE ONLY**

	Checked By:	Verified by:	Approved <input type="checkbox"/> Rejected <input type="checkbox"/> (Tick as appropriate)
Name			
Title			
Signature			
Date			