



COMPLIANCE RETURN FORM

TELECOMMUNICATIONS TECHNICAL PERSONNEL

PURSUANT TO THE PROVISIONS OF THE KICA 1998, THE REGULATIONS 2010 AND THE TECHNICAL PERSONNEL 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

- 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.**
 - c) A compliance certificate will not be issued if the compliance returns are submitted late or rejected by the authority.**
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1. GENERAL INFORMATION

1.1 Licence Details

Name of Licensee: _____

License No: _____

1.2 Period under review

FINANCIAL YEAR _____ *(based on Government of Kenya Financial year e.g. 2020/2021)*

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 year? (Tick as appropriate) Yes No

(If YES attach a letter documenting the change in address)

2. DETAILS OF INSTALLATIONS

| No | Type of equipment (e.g. VSAT, PABX, Data equipment, Internal and External Cabling, Radio, LAN etc | Make, Model & Capacity | Client name and Postal address | Town/City | Client's Physical Address (Street Name/Number, Building, Floor, Room etc) | Date of Commenceme nt of Work Notice | Date of Completion Of Work Notice | Contractor supervising the project |
|----|--|---------------------------|-----------------------------------|-----------|---|---|---|--|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

3. **COMMENTS/ SUGGESTIONS**

Please indicate challenges and suggestions to improve the regulatory environment.

Signed.....

Name.....

Title.....

Date

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 | | | |