



COMPLIANCE RETURN FORM

BROADCASTING SIGNAL DISTRIBUTION SERVICE

PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT, 1998, THE REGULATIONS MADE THEREUNDER, AND THE BROADCASTING SIGNAL DISTRIBUTION 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 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 or 0703042000.

1. GENERAL INFORMATION

1.1 Licensee Details

- a) Name of broadcasting signal distributor (as per licence): _____
- b) Identity of the broadcast broadcasting signal distributor brand name (Station Identity/ID): _____
- c) Licence Category:

| | |
|---|--|
| Broadcast signal distributor | |
| Self-provision broadcast signal distributor | |

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 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

1.3.1 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:

1.4 Contact details

Name of Head of the Organization

Designation

(if different from the Head of Organization)

1.5 Contact person

Name of Contact Person

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

Email.....

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

1.6 Digital Transmitter Rollout

- (i) List of new sites operationalized during the quarter and/or upgraded or installed with local insert facility (Complete table for each transmitter)

- (ii) Provide details of changes (transmitter commissioned/decommissioned during the quarter) as per the table below.

| Site Name | Coordinates (decimal degrees) | Altitude (m) | TX (manufacturer and model) | TX Power (W) | Antenna Gain, dBi | Antenna Height, (m, agl) | BPF (manufacturer and model) |
|-----------|-------------------------------|--------------|-----------------------------|--------------|-------------------|--------------------------|------------------------------|
| | | | | | | | |
| | | | | | | | |

1.7 CONTENT SERVICE PROVIDERS ACCOMMODATED ON THE PLATFORM

Kindly provide separate tables for:

- a) List of TV channels/Radios **added to the platform during the quarter**, indicating whether is a local insert (where) or at the MUX center

| MUX ID. | Slot No. | TV channel ID | CSP Name & Address | FTA or PAY | Minimum bitrate | Sites on air | Date channel 1 st activated |
|---------|----------|---------------|--------------------|------------|-----------------|--------------|--|
| | | | | | | | |
| | | | | | | | |

- b) List of TV channels/Radios **decommissioned from the platform during the quarter** and reasons for removal

| MUX ID. | Slot No. | TV channel ID | CSP Name & Address | FTA or PAY | Minimum bitrate | Date of decommissioned | Reasons for decommission |
|---------|----------|---------------|--------------------|------------|-----------------|------------------------|--------------------------|
| | | | | | | | |
| | | | | | | | |



2 CONSUMER/CUSTOMER COMPLAINTS

| Complaint Type | Number of Complaints | | | | | |
|---|----------------------|----------|----------|----------|----------|----------|
| | Month 1 | | Month 2 | | Month 3 | |
| | Received | Resolved | Received | Resolved | Received | Resolved |
| Network Faults/Downtimes | | | | | | |
| Poor Service Reception | | | | | | |
| Disconnections and SLA-related complaints | | | | | | |
| Billing (charges) | | | | | | |
| Customer Care and Response Challenges | | | | | | |
| Others (Please Specify) | | | | | | |
| Total | | | | | | |



PART B: ANNUAL REPORTING SECTION

3 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. A copy of Valid Tax Compliance Certificate.

4 SERVICES PROVIDED UNDER THIS BROADCAST LICENSE

4.1 Multiplex (MUX) Details

Location of aggregation center/multiplexing center.....

Multiplex No/ID:

Mux Type/Make/Model.....

| MUX ID or No. | DVBT system config | Modulation | FEC code rate | Reception mode | Mux capacity (Mbps) | Available Mux Capacity (Mbps) | Content (No. of SDTV, HDTV, radio, etc) | Mux B/W | Carriers FFT | Guard Interval (GI) |
|---------------|--------------------|------------|---------------|----------------|---------------------|-------------------------------|---|---------|--------------|---------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

For each MUX, list also supplementary services supported and any local channel inserts at the transmitters

4.2 Provide, in an MS Excel file, information in the table below for all channels currently hosted on the DTT platform

| MUX ID. | Slot No. | TV channel ID | CSP Name & Address | FTA or PAY | Minimum bitrate | Sites on air | Date channel 1 st activated |
|---------|----------|---------------|--------------------|------------|-----------------|--------------|--|
| | | | | | | | |
| | | | | | | | |



5 SUSTAINABILITY & GREEN ICT

5.1 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 5.1.ii is Yes, do you host other ICT service providers at your own built transmission site? | | |
| iv. | If 5.1.ii is No, would you host other ICT service providers at your own built transmission site on commercial terms? | | |

5.2 Power Sources for Broadcast Facilities

| No. | Please select the powersources used to power the transmitter and/or offices | Select all that apply | | | | |
|-----|---|-----------------------|------------------|-------|-------|-----------------|
| | | Mains | Diesel Generator | Solar | Wind) | Other (specify) |
| i. | Transmitter(s) (where applicable) | | | | | |
| ii. | Offices & other facilities (where applicable) | | | | | |

5.3 Efficient use of Energy

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



6 NETWORK COVERAGE

6.1 Transmitter Details

Provide details of ALL transmitters as per the table below. Additionally, submit this information in an MS Office Excel file.

| Site Name | Coordinates (decimal degrees) | Altitude (m) | TX Power (W) | Antenna Gain, dBi | Antenna Height, (m, agl) |
|-----------|-------------------------------|--------------|--------------|-------------------|--------------------------|
| | | | | | |

6.2 Coverage Maps

Provide coverage maps for each transmitter in the DTT network in 6.1 above showing the median field strength at the boundary of the coverage area as per the relevant ITU-R Recommendations

7 STAFF

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 | | | | |
| Total | | | | | |



8 COMMENTS/ SUGGESTIONS

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

| 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 | | | |