



**COMPLIANCE RETURN FORM**

**FREE-TO-AIR TV BROADCASTING SERVICE**

**PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT, 1998, THE REGULATIONS MADE THEREUNDER, AND THE RESPECTIVE FREE-TO-AIR 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 Licensee (as per the licence): \_\_\_\_\_
- b) Identity of broadcast station (call sign/station name) : \_\_\_\_\_
- c) Licence Category:
  - Commercial Free-to-Air TV
  - Community Free-to-Air TV

**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: .....

Website:.....

---

**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.....

---

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

### 2 Details of Transmission Network

2.1 Were there any changes in your transmission network during the quarter?

2.2 If Yes, provide the list of transmission sites added or dropped during the quarter.

#### Language of Broadcasts

No.	Languages	Percentage Duration per Week
i.		
ii.		
iii.		

### 3 Delayed Transmission of Live Programmes

Please provide the station's compliance with profanity delayer requirement

S.No	Live Programming	Tick appropriately	
		Yes	No
i.	Does the station transmit live programmes/events (including live studio call-ins)		
ii.	If yes, has the station installed a profanity delayer of at least 7 seconds?		
iii.	Provide PDM details ( PDM name, model type, seconds exceeded etc)		

### 4 Accessibility for PWDs Requirement

Please tick as appropriate, the station's compliance with the obligation on broadcasting to persons with disabilities (PWDs).

PWD programming Requirements	Captioning	Sign Language Interpretation	Tick Appropriately	
			Yes	No
News				
National Events				
Educational				
Public Emergencies				
Others				



**5 Complaints Handling**

5.1 How many times in a 24 hour period, does the station inform its audience of the complaints handling procedure? \_\_\_\_\_

5.2 Please indicate in the table below, the number of complaints handled during the quarter.

Complaint Type	Number of Complaints					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Programming/Content						
Network Faults/Downtimes						
Poor Service Reception						
Poor Customer Service						
Others (Please specify)						
<b>Total</b>						

**6 Off-air Period**

Please indicate in the table below the dates and duration the station has been off-air.

Start of outage [Date/Time]	Service restored [Date/Time]	Reason(s) for interruption.	Was the Authority notified at the time?	
			Yes	No



**PART B: ANNUAL REPORTING SECTION**

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

**7 MANDATORY DOCUMENTS TO BE SUBMITTED WITH THE COMPLIANCE RETURN FORM**

- i. A copy of the current certificate of shareholding or list of officials issued by the government office in which the entity is registered (**Not older than 3 months**).
- ii. A copy of audited financial statements for the preceding financial year. The report must be duly signed by a Certified Public Accountant, indicating the auditor's practicing number.
- iii. A copy of a valid tax compliance certificate or tax exemption certificate (*as applicable*).
- iv. For community TV, the audited accounts must clearly show whether surplus from running the community broadcasting station was disposed of in accordance with **Licence Condition 24: Finances** or additionally provide a letter from its auditors certifying that the disposal was done in accordance with the licence condition.

**8 Copyright Licences for third-party Produced Content**

Please indicate the station's compliance with all copyright obligations under the Copyrights Act 2001 as required by the licence terms and conditions.

No.	Copyright Licensing	Tick Appropriately	
		Yes	No
i.	Do you air any copyright content produced by third parties?		
ii.	If yes, have you submitted a copy of valid copyright compliance certificate from KECOBO or its licensed CMO to the Authority?  <i>(attach a copy of valid copyright certificate)</i>		
iii.	If No, have you submitted a copy of a valid copyright exemption certificate from KECOBO or its licensed CMO to the Authority?  <i>(attach a copy of valid copyright exemption certificate)</i>		
iv.	Has the station obtained copies of <b>ALL</b> other copyright contracts entered into with independent content owners or their authorized legal vendor?		



## 9 SUSTAINABILITY & GREEN ICT

### 9.1 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) hosted at a multi-tenant transmission site?		
ii.	Are your transmitter(s) at your own-built transmission site?		
iii.	If 9.1 ii is Yes, do you host other ICT service providers at your own built transmission site?		
iv.	If 9.1 ii is No, would you host other ICT service providers at your own built transmission site on commercial terms?		

### 9.2 Transmitter and Studio Power Sources

No.	Please select the powersources used to power the transmitter and/or studio	Select all that apply				
		Main Grid	Generator	Solar	Wind	Other (specify)
i.	Transmitter(s) (where applicable)					
ii.	Studio (where applicable)					

### 9.3 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.)?		

## 10 NETWORK COVERAGE

10.1 Please provide the list of DTT sites on which your signal is carried in the table format as provided

No.	BSD Provider	Site Name
i.		
ii.		
iii.		

## 11 Studio Information

No.	Location of the Studio (Street, Name of Building, Floor, Room No.)	Studio Contacts Person (Name, Tel, email)
i.		
ii.		



**12 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				
<b>Total</b>					

**13 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	

**THANK YOU FOR COMPLETING THE FORM**

**FOR OFFICIAL USE ONLY**

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