



**APPLICATION FOR A
COMMUNITY NETWORK
& SERVICE PROVIDER
LICENCE UNDER THE
UNIFIED LICENSING
FRAMEWORK**

CA/F/LCS/TL 8.0

(OCTOBER 2021)

NOT FOR SALE

New Application

Licence Renewal

1. MANDATORY REQUIREMENTS FOR AN APPLICANT

- A:** this application should be completed in English and any document in foreign language must be translated into English and notarised.
- B:** the application should be addressed to the Director/Licensing, Compliance and Standards (see address below), or through email address telecomlicensing@ca.go.ke with a covering letter summarizing the profile of the applicant and the license applied for.
- C:** The application should be accompanied by a well-executed affidavit sworn by one of the Director, or equivalent, submitting the documents listed herein in line with the template attached as Annex 1.
- D:** The table below shows fees payable for the license category:

| ULF License Category | License Duration (Years) | Application Fee (KShs.) (payable when submitting application form) | Initial License Fee (KShs.) (payable after approval and before issuance of license) | Annual Operating Fee (KShs.) (payable on/or before 1 st July of each year) |
|--|--------------------------|--|---|---|
| Community Network & Service Provider License | 10 | 1,000 | 5,000 | 5,000 |

NB: Payment can be made by M-Pesa Pay Bill Number: 522522 Account Number: 1106738608 or deposited to the bank: Account Name: Communications Authority of Kenya Bank Name: KCB-Sarit Centre Account Name: 1106738608 and proof of payment forwarded to accounts@ca.go.ke and telecomlicensing@ca.go.ke

E: ELIGIBILITY

1. The Kenya Information and Communications Act, 1998 defines a **community** as “*a geographically founded community or any group of persons or sector of the public having a specific, ascertainable common interest*”.
2. The requirements for a **Community Network Service**, are such that the network shall:
 - a. be fully controlled by a non-profit entity and carried on for non-profitable purposes.
 - b. serve a particular community;
 - c. encourage members of the community served by it or persons associated with or promoting the interests of such community to **participate in the governance, design, and operationalization of such a service**; and
 - d. may be funded by donations, grants, sponsorships or membership fees, or by any combination of the aforementioned

The applicant must be either a Community Based Organization (CBO), a Society or a Non-Governmental Organization (NGO), and for this purpose is a non-profit group that operates at a local (sub-county) level to improve life for residents with a focus to build equality in access to ICT services, particularly where they are disadvantaged in access to ICT services.

The Community network should be by the people for the people and staffed by local members of the community who experience first-hand lack of ICT services within their neighborhoods. The Community Network may obtain technical, financial and administrative support from any entity as long as the Community Network will be owned, run and managed by the community.

2. APPLICATION ACCEPTANCE SECTION - FOR OFFICIAL USE ONLY

| No | Application Requirements | Receiving Officer | Checking Officer |
|----|---|-------------------|------------------|
| 1. | Duly signed Cover letter on applicant's letterhead | | |
| 2. | Duly completed application form | | |
| 3. | Declaration by the applicant with name, designation, signature and date | | |
| 4. | Duly executed affidavit submitting copies of the documents (no erasures) | | |
| 5. | Business plan for the licence/s applied for enclosed | | |
| 6. | Application fees paid | | |
| 7. | 1 letter of support from either a school, health facility or a community-based organization on letter head. | | |
| 8. | 1 letter from the local administration like chiefs office (office of the president) on letter head. | | |

Submit all documents using a properly executed sworn affidavit

| No | Application Requirements | Receiving Officer | Checking Officer |
|-----|---|-------------------|------------------|
| | Registration Details of Applicant | | |
| 9. | Copy of Certificate of Incorporation/Registration Certificates or equivalent. | | |
| | Ownership Details of Applicant | | |
| 10. | Copy of the relevant documents as listed below: <ul style="list-style-type: none"> • Society's By-Laws, Membership Agreement Terms and Conditions, Minutes of its AGM authorizing venture in the service for which the license is sought; and details of appointed directors or Constitution of the Society, Membership Agreement Terms and Conditions and Minutes of its AGM authorizing venture into the service for which the license is sought; and details of appointed directors; or, • Constitution of the NGO, Minutes of its AGM authorizing venture in the service which the license is sought; and details of appointed directors. | | |
| | Identification Documents of owners / Directors (Individuals and Companies) | | |
| 11. | Clear Copies of ID for directors, officials and shareholders. | | |
| | Other Requirements | | |
| 12. | A copy of the relevant document as listed below to be provided: Society By-Laws or Constitution, and Membership Agreement Terms and Conditions for Societies | | |
| 13. | Tax Registration Certificate or exemption for the Applicant (Not of the owners/Directors) | | |

| | |
|---|-----------------------------|
| The Receiving and Checking Officers MUST confirm submission of all requirements by checking against each requirement before accepting and logging an application | |
| Receiving Officer | Checking Officer |
| Comments:..... | Comments: |
| Name: | Name: |
| Signature:Date: | Signature:Date: |

3. NAME OF APPLICANT

_____ *(in bold capital letters in the order the names appear on Registration Certificate etc)* _____

.....
 Literal Meaning of organization’s name

4. APPLICANT’S CONTACTS

| | | | |
|----------------------------------|--|----------------|--|
| 1. Physical Address: | | | |
| Building | | Street/Road | |
| LR No. | | Floor/Room No. | |
| Sub-Location/Location | | Constituency | |
| Sub-County | | County | |
| 2. Postal Address: | | | |
| P. O. Box | | Postal Code | |
| Post Office | | Town | |
| 3. Phone and Fax Contact: | | | |
| Mobile No. | | AltMobile No. | |
| 4. Email and Web Address: | | | |
| Email address(es) | | Web URL | |

5. LICENSE APPLIED FOR

Please tick the category/ies of licence/s you wish to be considered for. More information on licensing under the Unified licensing Framework (ULF) Market Structure is available on CA

Community Network and Service Provider License

6. OTHER INFORMATION ABOUT THE APPLICANT

State whether any of the directors/ members have a beneficial interest in any other business licensed to provide or operate telecommunication and or broadcasting services.

.....
 Has any previous application by you been Approved or Rejected under the Act? (If so, please provide details)

.....
 Has any previous license granted to you under the Act been cancelled, suspended or modified? (If so give details).....

.....
 Have you or any of the directors or members adjudged bankrupt or has entered into a composition or scheme of arrangement with his creditors or is of unsound mind? please explain.

7. REFEREES

The application should be accompanied by declarations of support from two different referees who are community leaders. This shall include 1 letter from either a school, health facility or a community-based organization and 1 letter from the office of the president – chiefs office. The letters of support must be attached and be on official letter head.

1. 1st Referee (Local Administration – Chief or Asst. Chief)

I certify that the information provided in this form is true and correct to the best of my knowledge

Full Name: _____
(Block letters as the names appear on the ID/Passport)

Postal Address:

P.O. Box: _____ Postal Code: _____

Post Office Town: _____

Phone Contact:

P.O. Box: _____ Postal Code: _____

Email Address: _____

Occupation: _____

Signature: and stamp _____

2. 2nd Referee

I certify that the information provided in this form is true and correct to the best of my knowledge

Full Name: _____
(Block letters as the names appear on the ID/Passport)

Postal Address:

P.O. Box: _____ Postal Code: _____

Post Office Town: _____

Phone Contact:

Tel. No. _____ Mobile No. _____

Email Address: _____

Occupation: _____

Signature: _____

8. DECLARATION

I/We hereby certify the information we have provided in this application is true and correct to the best of my/ our knowledge. I/We also understand that it is an offence under the Penal Code to provide false information in support of any application.

Name.....

Designation.....

Signature and Stamp.....

Date.....

9. COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO: -

**Director/Licensing, Compliance and Standards
 Communications Authority of Kenya
 1st Floor, CA Centre, Waiyaki Way
 P. O. Box 14448, NAIROBI - 00800
 Tel: 254-20-4242000 / 070304000 / 0736121515 / 121414**

FOR OFFICIAL USE ONLY

| BPC COMMENTS | |
|--|---|
| <p>Not Recommended <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>Applicant to do the following:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Name:</p> <p>.....</p> <p>Signature:</p> <p>.....</p> <p>Date:</p> <p>.....</p> | <p>Recommended <input style="width: 40px; height: 20px;" type="checkbox"/></p> <p>for:</p> <p>.....</p> <p>Name:</p> <p>.....</p> <p>Designation</p> <p>.....</p> <p>Signature:</p> <p>.....</p> <p>Date:</p> <p>.....</p> |

Deferments:

| CLC# | Reason for deferment | Name & Signature |
|------|----------------------|------------------|
| | | |

CLC COMMENTS

Name of Applicant:.....

The applicant **MEETS/ DOES NOT MEET** the Authority's requirements and is hereby **RECOMMENDED/NOT RECOMMENDED** for Licensing/Renewal

.....

Subject To:

.....

The reasons for not recommending the applicant are as follows: -

.....

Name:.....

Designation..... Signature.....

CLC No..... Date.....

BD STATUS

Not Approved
Comments:

Approved

As (Tick ✓ Licence(s) approved)

CNSP

On (Date):

Meeting Ref:

BD Ext. Date:

Completed by:

Signature:

Date:

ANNEX 1: TEMPLATE OF THE AFFIDAVIT TO BE SUBMITTED THIS IS TEMPLATE OF THE AFFIDAVIT AND APPLICANTS LAW FIRMS ARE ENCOURAGED TO COME UP WITH THEIR FOLLOWING REQUIREMENTS IN THE TEMPLATE

REPUBLIC OF KENYA

IN THE MATTER OF OATHS AND STATUTORY DECLARATIONS ACT

CHAPTER LAWS OF KENYA

AND

IN THE MATTER OF AN APPLICATION FOR LICENSE FROM THE COMMUNICATIONS AUTHORITY OF KENYA

AFFIDAVIT

I, _____ of Post Office Box Number _____
(Town) _____ (Postcode) _____ (Post Office) _____

do hereby make oath and state as follows:

1. THAT I am an adult of sound mind and _____

(*position/ status in the applicant entity*) of (*name of the applicant*) and hence competent to swear this Affidavit.

2. THAT I am a citizen of _____ and holder of National Identity Card No. (or Passport No.) _____

3. THAT _____ (*name of the applicant*) has resolved to lodge an application to the Authority for a Community Network and Service Provider License.

4. THAT I have submitted the following copies of our documents in support of the said application:

4.1. Registration and ownership status:

Copy of Certificate of Registration or equivalent

Copy of the relevant documents as listed below:

- Society's By-Laws, Membership Agreement Terms and Conditions, Minutes of its AGM authorizing venture in the service for which the license is sought; and details of appointed directors or Constitution of the Society, Membership Agreement Terms and Conditions and Minutes of its AGM authorizing venture into the service for which the license is sought; and details of appointed directors
- Constitution of the NGO, Minutes of its AGM authorizing venture in the service for which the license is sought, and details of appointed directors
- Kenyan National Identity Cards (ID) or valid Kenyan passports for all office holders of the Applicant. Both sides of the ID should be copied on the same side of an A4 size paper. Copies of passport should include pages showing the nationality, date of issue and expiry, name and photograph of the holder

4.2. Compliance with Kenya Revenue Authority rules:

4.2.1 Copy of Tax Registration Certificate or Tax Exemption Certificate.

4.3. A business plan in line with the guideline at Annex 2 below.

5. THAT I swear that the documents listed in 4 above are authentic copies of the original documents issued by the relevant authorities to the applicant.

6. THAT this Affidavit is sworn in support of _____

(Applicant's name) application for Community Network and Service Provider license.

7. THAT what is deponed to herein above is true and within my own knowledge.

SWORN at _____ by the said)

_____)

This ____ day of _____ in the year _____)

BEFORE ME)

COMMISSIONER FOR OATHS/MAGISTRATE)

(Deponent)

Drawn by:

_____ *(law firm)*

_____ *(physical address)*

P. O. Box _____ *(town)* _____ *(postal code)*

ANNEX 2: BUSINESS PLAN GUIDELINE

Please provide separately a Business Plan ensuring that the following details are included in the sequence provided below.

1. Executive Summary:

Briefly describe your organization/community entailing the mode of participation by the community (if membership based, attach application form, fee details and current list of members) and the business concept, including summary of services to be provided. Include list of the office bearers, if any and mode of appointment of the office bearers. Explain the measures that will be put in place to ensure that the service will be operated on a non-profit basis and how the service will remain a community asset.

2. Technical Information:

Provide the proposed network rollout plan, network equipment and proposed frequency utilisation.

3. Market Information

A brief market study report of the area for which the license is sought detailing the current needs of that community.

- Highlight any gaps identified in the market.
- Demonstrate how unique the intended services are.
- Explanation of if and how members of the community will have access to your decision-making process and any.
- Measures that will be taken to encourage community access and participation in the day-to-day operations of the proposed service, selection, provision and development of programmes.

4. Revenue Stream

Provide the anticipated revenue stream from sponsorships and other sources describing how in the provision of the proposed services the business will generate income to sustain its operations and improve the services.

5. Quality of Service Assurance

Describe how you will ensure provision of quality services and how quality services will be maintained in provision of the licensed services.

ANNEX 5: INFORMATION ON THE LICENSING PROCEDURE AND PROCESS

1. Process of issuing a licence

Submission of an application may be done through the postal system or in person at our office. We encourage you to present your application in person where our receiving officer will check the documents and advise you on any shortcoming.

Once the receiving officer has confirmed that all documentations are in order, you will be requested to pay the application fees. Please retain your original payment receipt.

2. Consideration and approval of application by the Authority

An application, which meets all the licensing requirements, will be processed within **135 days** from the date when all the requirements have been met.

The Authority considers applications of a first-come-first-served basis. Although your application will undergo many internal processes, you will be informed in writing and advised on the way forward in the event that the application is not successful at any stage.

3. Letter of licence offer

If the application is approved, you will be informed in writing (letter of offer) and may also be contacted via phone/email.

The letter of offer is valid for a period of 6 months from the date it's written and states the amount of money to be paid before a license is issued.

Please note that the upfront operational fees in the offer letter are prorated on monthly bases. This may therefore differ depending on the date you wish to make the payment. You may therefore wish to get in touch with our office to be advised on the correct operating fees before making the payment.

4. Operational period

Once you have paid the offer fees, you will be issued with a license. You will then be required to put the license into operation within 12 months from the date of issuance of the license.

5. Terms and conditions of the license

The license terms and conditions include (but are not limited) to the following:

- Scope of the license
- Obligations to consumers
- Obligations to other licensees
- Obligations to the Authority
- Obligations to the state

Please visit our website: www.ca.go.ke where you can download sample licenses.

6. Resources for rolling out the licensed systems or services

After you are issued with a license, you will be required to apply for resources related to the rollout of your license. These include frequency, numbering and type approval of your equipment/s.

THE AUTHORITY DOES NOT GUARANTEE AVAILABILITY OF RESOURCES OR TYPE APPROVAL OF EQUIPMENT