

#### COMPLIANCE RETURN FORM

### **BUSINESS PROCESS OUTSOURCING**

PURSUANT TO THE PROVISIONS OF THE KICA 1998 AND THE KICA AMENDMENT ACT, 2013, AND THE KENYA INFORMATION AND COMMUNICATIONS REGULATIONS AND THE 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

1. <u>G</u>	ENERAL INFORMATION	<u>1</u>			
1.1	Name of Licensee:			_	
	License No:				
	Other Licenses held:			_	
1.2	Period under review (Ti	ck against appropriate	quarter)		
	FINANCIAL YEAR	(base	ed on Government of Kei	nya Financial year)	
	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				
	. Physical Address:	Street/Road			
L	.R. No.	Floo			
N	Iame of Building				
	Postal Address:				
P	. O. Box		Postal Code		
3	ost Office Town  Phone and Fax Con el. No	tact:			
	Mobile No.  Email and Web Add				
Е	mail address:				
V	Veb Address:				
D	id any of the address inform	ation change during th	e quarter? (Tick as appro	opriate) Yes $\square$	No □

(If Yes, attach a letter documenting the changes in address information)

Title of Head Of Organization: Name of contact person: Designation: Telephone: (a) Landline Web address: Signature of submitting contact person: Date  1.5 Instructions  1. This form has provision for both quarterly and annual reporting.  2. Please provide information in the space provided. You may insert additional rows and pages as required.  PART A: QUARTERLY REPORTING SECTION  2. CUSTOMER INFORMATION  2.1 Domestic Call Center Service  Client Name Client's Industry Service offered to Client Contract period 1. 2. 3. 4. 5. 2.2 International Call Center Service  Client Name Client's Industry Service offered to Client Contract period 1. 2. 3. 4. 5. 4. 5. 4. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	Name of Head Of Organization (CEO):							
Designation: Telephone: (a) Landline	Title of Head Of Or	Title of Head Of Organization:						
Telephone: (a) Landline	Name of contact per	rson:			<u> </u>			
Email:	Designation:							
Email:	Telephone: (a) Land	lline	(b)	) Mobile:				
Signature of submitting contact person:	•							
1. This form has provision for both quarterly and annual reporting.  2. Please provide information in the space provided. You may insert additional rows and pages as required.  PART A: QUARTERLY REPORTING SECTION  2. CUSTOMER INFORMATION  2.1 Domestic Call Center Service  Client Name Client's Industry Service offered to Client Contract period  1.								
2.CUSTOMER INFORMATION  2.1 Domestic Call Center Service    Client Name   Client's Industry   Service offered to Client   Contract period	<ol> <li>This form has pr</li> <li>Please provide in</li> </ol>	_	-		rows and pages as			
2.CUSTOMER INFORMATION  2.1 Domestic Call Center Service    Client Name   Client's Industry   Service offered to Client   Contract period	•	PART A: OUAI	RTERLY RE	EPORTING SECTION				
Client Name   Client's Industry   Service offered to Client   Contract period	2 CUSTOMED INFORM							
1. 2. 3. 4. 5. Client Name Client's Industry* Country Service offered to Client Contract period  1. 2. 3. 4. 5. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.								
2. 3. 4. 5.  Client Name  Client's Industry*  Country  Service offered to Client  Contract period  1. 2. 3. 4. 5.	Client Name	Client's	s Industry	Service offered to Client	Contract period			
3. 4. 5. Client Name Client's Industry* Country Service offered to Client Contract period  1. 2. 3. 4. 5.								
2.2 International Call Center Service  Client Name  Client's Industry*  Country  Service offered to Client  Contract period  1.  2.  3.  4.  5.	3.							
2.2 International Call Center Service  Client Name  Client's Industry*  Country  Service offered to Client  Contract period  1.  2.  3.  4.  5.								
Industry* Country Service offered to Chent Contract period  1. 2. 3. 4. 5.		Call Center Service	;					
2.       3.       4.       5.	I light Name							
3.       4.       5.								
4.       5.								
5.								
		rvices Communica	tion (Tolocom	Manufacturing etc				

# **3. CONNECTIVITY DETAILS** (Service provided by operator)

1.4

**Contact details** 

Call center lo	ocation Da	ta Link Provider	Access technology i.e. OFC, leased lines, Satellite	Bandwidth [MBps]
1.				
2.				
3.				
4.				
5.				

### **PART B: ANNUAL REPORTING SECTION**

# (Information to be submitted at the end of the Quarter ending 30<sup>th</sup> June)

### 4. SHAREHOLDING INFORMATION

Name of Shareholder	Citizenship	Shareholding (Percentage)

### **5. FINANCIAL DATA:**

Year	
Revenue generated from local	
outsourcing	
Revenue generated from international	
outsourcing	

### In addition, please attach the following;

- A copy of your Annual Audited Accounts for the preceding year. Valid tax compliance certificate.
- II.

### 6. STAFF

Staff category		Local (K	Local (Kenyan Citizens)		Expatriates	
		Male	Female	Male	Female	
Technical	Permanent					
	Contract					
	Temporary					
None Technical	Permanent					
	Contract					
	Temporary					
Total						

### 7. COMMENTS/ SUGGESTIONS

Please share any challenges and suggestions to improve the regulatory environment.						

			·
Signed			101
Name			
Title			
Date			
			Company Stamp Here
(NB: When	re Nil returns are provided an ex	xplanation <u>MUST</u> be provided section of this form)	under the Comments/Suggestions
	THANK YOU	FOR COMPLETING THE F	ORM
	FOR OFFICIAL USE O	NLY – DO NOT FILL BEI	OW THIS LINE
These return	ns have been:-		
	Checked By:	Verified by:	Approved □ Rejected □ (Tick as appropriate)
Name			
Title			
Signature			
Date			

N/B A COMPLIANCE CERTIFICATE WILL NOT BE ISSUED IF THE COMPLIANCE RETURNS ARE SUBMITTED LATE OR REJECTED BY THE AUTHORITY