



COMPLIANCE RETURN FORM

CONTENT SERVICE PROVIDER

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 GENERAL INFORMATION

1.1 Licence Details

Name of Licensee: _____

License No: _____

Other Licenses held: _____

1.2 Period under review (Tick against appropriate quarter)

FINANCIAL YEAR _____ *(based on Government of Kenya Financial year)*

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.3 Address

1. Physical Address:

Town _____ Street/Road _____

L.R. No. _____ Floor No. _____ Room No. _____

Name of Building: _____

2. Postal Address:

P. O. Box _____ Postal Code _____

Post Office Town _____

3. Phone 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 quarter? (Tick as appropriate) Yes No

(if yes Attach supporting documents in case any of the address information changed)

1.4 Contact details

Name of Head of Organization: _____

Title of Head of Organisation _____

Name of contact person: _____

Designation: _____

Telephone: (a) Landline _____ (b) Mobile: _____

Email: _____ Web address: _____

Signature: _____ 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

(Information to be submitted at the end of every Quarter)

2 SERVICES PROVIDED TO END USERS UNDER THIS CSP LICENSE

Service provided	Customer Name	Period of service provision in Months	Short Code/USDD Code/ Premium Call Number	Authorization by Content Control Agency ² & validity period	Tariff (Per sec/Min/SMS/Session)	% Revenue share of the tariff	Traffic	
							No.of SMS	No. of USSD Sessions

¹ Note that you may be required to repeat some of the information given at part 1 above

²Content Controller is an agency authorized in law to regulate the related content E.g. **Betting Control of Kenya** for lottery, **meteorology** for weather,

3 MONEY TRANSFER SERVICE (for financial source providers)

Indicator	1 st month in the quarter	2 nd month in the quarter	3 rd month in the quarter
Number of agents			
No. of Sending transactions			
No. of Withdrawing transactions			
No. of Mobile Payments			
Total person-person transfers (KShs)			
Total Deposits (KShs)			

4 QUALITY OF SERVICE (as measured through Complaints Resolution Mechanism CRM)

4.1 Complaints Resolution

Complaint Type	Number of Complaints during Quarter					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Billing						
Spamming						
Difficulty in accessing customer care						
Others (please specify)						
TOTAL						

PART B: ANNUAL REPORTING SECTION

(Information to be submitted at the end of the Quarter ending 30th June)

5 SHAREHOLDING INFORMATION

Please attach a copy of the current certificate of shareholding (Issued not more than 3 month s).

6 FINANCIAL DATA:

Specify the start and end dates of your firm’s financial year below.

Financial Year Start Date: _____ End Date: _____

Please attach the following;

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

7 NUMBERING RESOURCES

Numbering Resource (i.e. Short Codes, USSD Codes, Premium Call Numbers)	Total numbers assigned	Numbers in use	Numbers not in use	Reasons for Non Usage

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8 COMMENTS/ SUGGESTIONS

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

Signed.....
 Name.....
 Title.....
 Date

Company Stamp above

*(NB: Where Nil returns are provided an explanation **MUST** be provided under the Comments/Suggestions section of this form)*

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			

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