



COMPLIANCE RETURN FORM

DOT KE DOMAIN NAME REGISTRY SERVICE PROVIDER

PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT OF 1998, AND THE LICENSE CONDITIONS

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
(1st July – 30th Sep)

Quarter 2
(1st Oct – 31st Dec)

Quarter 3
(1st Jan – 31st Mar)

Quarter 4
(1st Apr – 30th Jun)

1.3 Address

1. Physical Address:

Town _____ Street/Road _____

LR No. _____ Floor No. _____ Room No. _____

Name of Building _____

2. Postal Address:

P. O. Box _____ Postal Code _____

Post Office Town _____

3. Phone and Fax Contact:

Tel. No. _____ Fax. No. _____

Mobile No. _____ Other Tel. Nos. _____

4. Email, Web and WHOIS Address:

Email address: _____

Web Address: _____

WHOIS Server Address: _____

Did any of the address information change during the quarter? (Tick as appropriate) Yes No

1.4 Contact details

Name of Chief Executive Officer (CEO): _____

Title of CEO: _____

Name of contact person: _____

Designation: _____

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

Email: _____ Web address: _____

Signature of submitting contact person: _____ Date _____

Name of Dot KE Registry Administrative Contact: _____

Designation: _____

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

Email: _____ National ID No. _____

Name of Dot KE Registry Technical Contact: _____

Designation: _____

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

Email: _____ National ID No. _____

1.5 Instructions

- 1. This form has provision for both quarterly and annual returns.**
- 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 DOMAIN NAME REGISTRY SERVICE

2.1 New Dot KE Domain Name Registrations

| Indicator | 1st month in the quarter | 2nd month in the quarter | 3rd month in the quarter |
|------------------------------------|--|--|--|
| .AC.KE | | | |
| .CO.KE | | | |
| .GO.KE | | | |
| .INFO.KE | | | |
| .ME.KE | | | |
| .MOBI.KE | | | |
| .NE.KE | | | |
| .OR.KE | | | |
| .SC.KE | | | |
| Total Number of New Domains | | | |

2.2 Total Number of Dot KE Domain Names

| Indicator | 1st month in the quarter | 2nd month in the quarter | 3rd month in the quarter |
|--------------------------------|--|--|--|
| .AC.KE | | | |
| .CO.KE | | | |
| .GO.KE | | | |
| .INFO.KE | | | |
| .ME.KE | | | |
| .MOBI.KE | | | |
| .NE.KE | | | |
| .OR.KE | | | |
| .SC.KE | | | |
| Total Number of Domains | | | |

2.3 Cost of Dot KE Subdomain Names

| Subdomain Name | 1st month in the quarter | 2nd month in the quarter | 3rd month in the quarter |
|-----------------------|--|--|--|
| .AC.KE | | | |
| .CO.KE | | | |
| .GO.KE | | | |
| .INFO.KE | | | |
| .ME.KE | | | |
| .MOBI.KE | | | |
| .NE.KE | | | |
| .OR.KE | | | |
| .SC.KE | | | |

CA/F/LCS/CRF/12.0

2.4 Dot KE Subdomain Name Registrars

| Indicator | 1 st month in the quarter | 2 nd month in the quarter | 3 rd month in the quarter |
|----------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Number of New Registrars | | | |
| Total Number of Registrars | | | |

3 QUALITY OF SERVICE (as measured through complaints resolution)

3.1 Performance of the Domain Name System (DNS)

| Indicator | 1 st month in the quarter (average) | 2 nd month in the quarter (average) | 3 rd month in the quarter (average) |
|--|--|--|--|
| Availability of the DNS Service (%) | | | |
| Mean response time of the DNS Service (milliseconds) | | | |

3.2 Complaints Resolution

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

4 CYBERCRIME INCIDENTS

4.1 Cybercrime Incidents

| Cybercrime Incident Type | Number of Cybercrime Incidents during Quarter | | | | | |
|--------------------------|---|----------|----------|----------|----------|----------|
| | Month 1 | | Month 2 | | Month 3 | |
| | Received | Resolved | Received | Resolved | Received | Resolved |
| Denial of Service | | | | | | |
| Defacements | | | | | | |
| Fraud | | | | | | |
| Impersonation | | | | | | |
| Online Abuse | | | | | | |
| Phishing | | | | | | |
| Spamming | | | | | | |
| SQL Injection | | | | | | |
| Others (please specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | | |

5 **Reserved and restricted names**

5.1 Please attach a list of “Reserved Dot KE Domain Names”

5.2 Please attach a list of “Restricted Dot KE Domain Names”

PART B: ANNUAL REPORTING SECTION

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

6 **SHAREHOLDING INFORMATION**

Please attach a copy of the current certificate of shareholding (Not more than 1 month old).

7 **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.

8 **NUMBERING RESOURCES**

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

9 **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