



## COMPLIANCE RETURN FORM

**NETWORK FACILITIES 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<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. 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 a notification letter on the same.)*

*Please note that all the address information requested must be provided above whether or not there were changes during the quarter.*

1.4 **Contact details**

Name of Head Of Organization \_\_\_\_\_

Title of Head Of Organization \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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 within 15 days after the end of every Quarter)**

**2. TYPES OF INFRASTRUCTURE DEPLOYED UNDER THIS NFP LICENSE**

No.	Type of infrastructure	Brief Description

**3. SYSTEMS CAPACITY**

**National Broadband Infrastructure**

Type of Broadband Infrastructure (eg. Radio, Optical Fibre, Others(specify))	Capacity	Name given to the link or infrastructure		Geographical Region	Brief Description
		Own	Leased		

**CA/F/LCS/CRF/02.3**


**3.1 International Bandwidth**

Name of Satellite Gateway/Submarine Cable Provider	Capacity (Gbps)		Bandwidth Used (Gbps)		
			In Kenya	Outside Kenya <i>(also indicate country)</i>	
	Leased	Own			Country
<b>TOTAL</b>					

**3.2 Local Bandwidth ( Please print and attach full list based on the format below)**

Name of ASP/Entity	Sold Mb/s
<b>TOTAL</b>	

**3.3 Data/Internet Service Subscriptions(For wholesale customers)**

Subscriptions by Technology	Total Subscriptions			Broadband subscriptions		
	1 <sup>st</sup> month in quarter	2 <sup>nd</sup> month in quarter	3 <sup>rd</sup> month in quarter	1st month in quarter	2nd month in quarter	3rd month in quarter
	No of Subscriptions	No of Subscriptions	No of Subscriptions	No of Subscriptions	No of Subscriptions	No of Subscriptions
GSM Mobile Phones						
GSM Modems						
CDMA 2000 Phones						
Fiber To The Home						
Fiber To The Office						
Fixed wireless eg WiMax						
Satellite						
Copper Line (Dial-up & DSL, xDSL)						
Cable modem						
Other fixed (wired) Please Specify						

3.4 Primary Number Assignments Utilization

Resource	Primary Number Assignments	Utilized Numbers
Short Codes		
USSD Codes		
Premium Rate Numbers		
Toll Free Numbers		

3.5 WIRELESS ACCESS SYSTEMS

3.5.1 GSM

	County	Services Offered (internet (2G, 3G or 4G), Voice etc.)	No. of BTS	Average Number of Customers
1.	GSM			
2.	CDMA 2000			
3.	Wimax			
4.	VSAT			
5.	Wi-Fi (Hot spots)			
6.	Others(Specify)			

4. RESOLUTION OF CUSTOMER / CONSUMER ISSUES (*attach CRM system print out*)

Complaint Type	Number of Complaints					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
Network Faults						
Poor Service Reception						
Disconnection						
Billing						
Service Interruption						
Interconnection						
Others (Please Specify below)						
<b>Total complaints</b>						
<b>CRM Information</b>						
<b>Type Of CRM</b>						
<b>Details of CRM</b>						

**Indicate type and details of the Customer Relations Management - CRM System used.**

**PART B: ANNUAL REPORTING SECTION**

**(Information to be submitted within 15 days at the end of the Quarter ending 30<sup>th</sup> June)**

1. SHAREHOLDING INFORMATION

Please attach a copy of the current certificate of shareholding/ CR12 (Not more than 3 month old).

**2. 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. A valid tax compliance certificate.

**3. TARRIFS**

**3.1 WHOLESALE PRICES (TO ASP’s)**

Capacity(MBps)	Charge(Kshs)

**4. STAFF (Indicate staff only engaged on licensed services)**

Staff category		Number of Staff			
		Local (Kenyan Citizens)		Foreign Nationals	
		Male	Female	Male	Female
Technical	Permanent				
	Contract				
	Temporary				
Non-Technical	Permanent				
	Contract				
	Temporary				
<b>Total</b>					

**5. NETWORK COVERAGE**

**Land and Population coverage (Refer to latest report from the National Bureau Of Statistics)**

Land coverage (%)		Population coverage (%)	
Urban	Rural	Urban	Rural

**5.1 Infrastructure Coverage Map (Refer To the Latest Report From The National Bureau Of Statistics)**

1. Please attach detailed country map and town maps showing your deployed infrastructure, which includes:
  - I. Microwave links
  - II. Optic fiber routes.
2. In addition please attach the **approved diagram** or **sketch** of the broadband infrastructure used.

**5.2 Local Routing**

No.	MAJOR ROUTES (e.g. Nairobi – Mombasa)			Capacity (Mbps)			Length of Fiber/MICROWAVE LINK (KM)
	FROM	TO	TRANSMISSION SYSTEM (Microwave/Optical Fibre, Others)	IC*	OG*	BW*	
1							
2							
3							
4							
5							
6							

IC\* incoming circuit  
 OG\* outgoing circuit  
 BW\* Both ways circuit

**6. SYSTEMS CAPACITY**

**6.1 BANDWIDTH USAGE EXCLUDING GSM**

No.	INFRASTRUCTURE TYPE	Total No. of Clients* served	Capacity		Number of Clients Utilizing Bandwidth (MBps)							
			Installed	Used	>0 ≤64	>64 ≤128	>128 ≤256	>256 ≤512	>512 ≤1024	>1024 ≤2048	>2048	
1.	FIBER											
2.	CDMA											
3.	WIMAX											
4.	HOT SPOT											
5.	ANY OTHER											
6.												
	<b>Total</b>											

**6.2 AVAILABLE COUNTY INFRASTRUCTURE**

Name of county	Length of fibre(KM)	No. of localities with WiFi (Hotspots)	No. of VSATs installed	No. of wireless BTS	
				Wimax	CDMA
Baringo					
Bomet					
Bungoma					
Busia					

**CA/F/LCS/CRF/02.3**

Name of county	Length of fibre(KM)	No. of localities with WiFi (Hotspots)	No. of VSATs installed	No. of wireless BTS	
				Wimax	CDMA
Elgeyo-Marakwet					
Embu					
Garissa					
Homa Bay					
Isiolo					
Kajiado					
Kakamega					
Kericho					
Kiambu					
Kilifi					
Kirinyaga					
Kisii					
Kisumu					
Kitui					
Kwale					
Laikipia					
Lamu					
Machakos					
Makueni					
Mandera					
Marsabit					
Meru					
Migori					
Mombasa					
Murang'a					
Nairobi					
Nakuru					
Nandi					
Narok					
Nyamira					
Nyandarua					
Nyeri					
Samburu					
Siaya					
Taita-Taveta					
Tana River					
Tharaka-Nithi					
Trans Nzoia					
Turkana					
Uasin Gishu					
Vihiga					
Wajir					
West Pokot					

## 7. MOBILE SYSTEMS CAPACITY PER COUNTY (for Mobile Network Operators only)

Name of County	MSC Location (Provide List in each cell/county where applicable)	Capacity			No. of BSC (Provide Corresponding List in each cell where applicable)	No. of BTS
		MSC Name/No. (Provide Corresponding List in each cell/county where applicable)	HLR (Provide Corresponding List in each cell where applicable)	VLR (Provide Corresponding List in each cell where applicable)		
Baringo						
Bomet						
Bungoma						
Busia						
Elgeyo-Marakwet						
Embu						
Garissa						
Homa Bay						
Isiolo						
Kajiado						
Kakamega						
Kericho						
Kiambu						
Kilifi						
Kirinyaga						
Kisii						
Kisumu						
Kitui						
Kwale						
Laikipia						
Lamu						
Machakos						
Makueni						
Mandera						
Marsabit						
Meru						
Migori						
Mombasa						
Murang'a						
Nairobi						
Nakuru						
Nandi						
Narok						
Nyamira						
Nyandarua						
Nyeri						
Samburu						
Siaya						
Taita-Taveta						
Tana River						
Tharaka-Nithi						



Name of County	MSC Location (Provide List in each cell/county where applicable)	Capacity			No. of BSC (Provide Corresponding List in each cell where applicable)	No. of BTS
		MSC Name/No. (Provide Corresponding List in each cell/county where applicable)	HLR (Provide Corresponding List in each cell where applicable)	VLR (Provide Corresponding List in each cell where applicable)		
Trans Nzoia						
Turkana						
Uasin Gishu						
Vihiga						
Wajir						
West Pokot						
<b>Total</b>						

**8. COMMENTS/ SUGGESTIONS**

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

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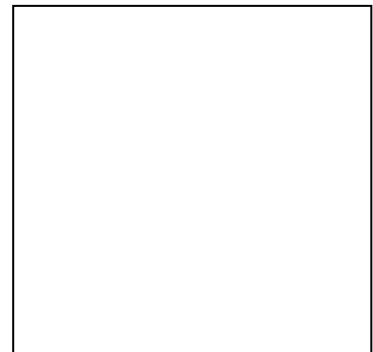


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Signed.....  
 Name.....  
 Title.....  
 Date .....



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 THIS FORM

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**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**