



COMPLIANCE RETURN FORM

DOT KE SUBDOMAIN NAME REGISTRAR 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 and Web Address:

Email address: _____

Web 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 _____

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 REGISTRATION 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 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			

3 QUALITY OF SERVICE (as measured through complaints resolution)

3.1 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)						

Complaint Type	Number of Complaints during Quarter					
	Month 1		Month 2		Month 3	
	Received	Resolved	Received	Resolved	Received	Resolved
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						

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 (Not more than 1 month old).

6 COMMENTS/ SUGGESTIONS

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

Signed.....

Name.....



Title.....

Date
above

Company Stamp

*(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