



**COMPLIANCE RETURN FORM**

**BROADCASTING SIGNAL DISTRIBUTION SERVICES**

**PURSUANT TO THE PROVISIONS OF THE KCA 1998, KC (A) A, 2009, KIC (A) A, 2013, AND THE LICENSE CONDITIONS**

**1. GENERAL INFORMATION**

**1.1 Licensing information**

Name of broadcast signal distributor (Exactly as licensed): \_\_\_\_\_

Identity of the broadcast signal distributor brand name (call sign): \_\_\_\_\_

**License Type:**

Self-provision broadcast signal distribution   
 Common carrier Broadcast signal distribution

**1.2 Period under review YEAR :** July \_\_\_\_\_ to June \_\_\_\_\_

(Tick against appropriate quarter)

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

**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. The 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. SERVICES PROVIDED UNDER THIS BROADCAST LICENSE**

**2.1 Returns On Multiplex Details**

Location of aggregation center/multiplexing center.....

Multiplex No/ID: .....

Mux Type/Make/Model:.....

<b>MUX ID or No.</b>	<b>DVBT system config</b>	<b>Modulation</b>	<b>FEC code rate</b>	<b>Reception mode</b>	<b>Mux capacity (Mbps)</b>	<b>Content (No. of SDTV, HDTV, radio, etc)</b>	<b>Mux B/W</b>	<b>Carriers FFT</b>	<b>Guard Interval (GI)</b>

For each MUX, list also supplementary services supported and any local channel inserts at the transmitters

## 2.2 Returns On Digital Transmitter Rollout

- a. List of new sites operationalized during the quarter and/or upgraded or installed with local insert facility

(Complete table for each transmitter)

<b>(a) Site characteristics</b>	
Site name	
Site coordinates (longitude and latitude)	
Altitude above sea level ASL (m)	
<b>(b) Emission characteristics</b>	
Transmitter make & Model	
Transmitter serial No.	
Assigned (Mid) frequency (MHz)	
TV Channel Number	
Transmitter max power rating (Watts)	
Transmitter carrier power (watts)	
Antenna Gain (dBi)	
Maximum radiated power ERP (watts)	
Antenna directivity	
Polarisation	
Antenna height above ground level (m)	
Max. Effective antenna height (m)	
<b>(c) Effective antenna Height at intervals of 10 deg (0, 10, 20 ...350deg)</b>	
<b>(d) Antenna attenuation in dB at intervals of 10 deg (0, 10, 20 ...350deg) for directional radiation</b>	
<b>(e) Administrative &amp; Others</b>	

Date frequency brought into use	
Carrier system type (satellite, microwave, fiber, etc)	
Carrier frequency(s), B/W and capacity	
If carrier is leased, name of provider	
Name and address of BSD	
BSD Contact Person name, tel no, email	
<b>(f) List of areas/environs sufficiently covered by digital signal of the above DVB-T2 transmitter</b>	

**2.3 Returns On Content Service Providers Accommodated**

Kindly provide separate tables for:

- a) The number and List of TV channels/Radios **added to the platform during quarter**, indicating whether is local insert (where) or at MUX center
- b) The Number and List of TV channels/Radios **REMOVED from the platform** during QTR and reasons for removal

(Complete table below for all channels currently hosted on DTT platform)

<b>MUX ID.</b>	<b>Slot No.</b>	<b>TV channel ID</b>	<b>CSP Name &amp; Address</b>	<b>FTA or PAY</b>	<b>Sites on air</b>	<b>Date channel 1<sup>st</sup> activated</b>

**2.4 Viewership/Listenership Level (Applicable only to the self-provision BSD)**

What are your average quarterly audience/subscriber numbers for your services (where applicable)?

Free to Air (Average Number of Audience)	Subscription/Pay Services (Average Number of Subscriptions)

**2.5 Information about customer care outlets:**

Location of customer care outlets	Services offered	Hours of Operation

**PART B: ANNUAL REPORTING SECTION**

**(Information to be submitted 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.

**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. Valid tax compliance certificate.

2.1 Please indicate below your revenue and investment in the last five years (where applicable) from the following categories:

Item	Yr. _____		Yr. _____		Yr. _____		Yr. _____		Yr. _____	
	Revenue	Investment	Revenue	Investment	Revenue	Investment	Revenue	Investment	Revenue	Investment
Advertising										
Program sales										
Grants and Donations										
Subscription/membership										

Item	Yr. _____		Yr. _____		Yr. _____		Yr. _____		Yr. _____	
	Revenue	Investment	Revenue	Investment	Revenue	Investment	Revenue	Investment	Revenue	Investment
fees										
Publishing/Merchandising										
Infrastructure										
Other(Please specify)										

### 3. STAFF

#### 3.1 Staff Information

Staff Category		Local (Kenyan Citizens)		Expatriates	
		Male	Female	Male	Female
Technical	Permanent				
	Contract				
	Temporary				
Non-Technical	Permanent				
	Contract				
	Temporary				
Total					

#### 3.2 Trainings carried out

Type of training course	Number of persons trained within the country	Number of persons trained outside country

### 4. COMPLAINTS HANDLING

Complaint Category (i.e. Customer Service, Billing etc.)	Number of complaints Received	Number of complaints Resolved	Turnaround time (Number of days)	Number of complaints not resolved

**5. Environmental conservation and Green ICT (Where applicable)**

Is green energy deployed in the broadcast site and or studio facilities

Yes  No

Site Name (where green power is deployed)	Site Capacity	Type of energy source powering equipment	Type of studio power source (if green)	Type of energy powering studio	Type of studio lighting (e.g LED Lighting)

**5. COMMENTS/ SUGGESTIONS**

Please indicate challenges and suggestions to improve the regulatory environment

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

Company Stamp Here

***(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**