



**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**

*Please note that the latest version of this form must be downloaded from the Authority's website at the end of each quarter in order to capture any official amendments*

**1 GENERAL INFORMATION**

**1.1 Licence Details**

Name of Licensee: \_\_\_\_\_

License No: \_\_\_\_\_

Other Licenses held: \_\_\_\_\_

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**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)

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**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:**

**CA/F/LCS/CRF/12.1**

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

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**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. \_\_\_\_\_

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**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

<b>Indicator</b>	<b>1<sup>st</sup> month in the quarter</b>	<b>2<sup>nd</sup> month in the quarter</b>	<b>3<sup>rd</sup> month in the quarter</b>
.AC.KE			
.CO.KE			
.GO.KE			
.INFO.KE			
.ME.KE			
.MOBI.KE			
.NE.KE			
.OR.KE			
.SC.KE			
<b>Total Number of New Domains</b>			

2.2 Total Number of Dot KE Domain Names

<b>Indicator</b>	<b>1<sup>st</sup> month in the quarter</b>	<b>2<sup>nd</sup> month in the quarter</b>	<b>3<sup>rd</sup> month in the quarter</b>
.AC.KE			
.CO.KE			
.GO.KE			
.INFO.KE			
.ME.KE			
.MOBI.KE			
.NE.KE			
.OR.KE			
.SC.KE			
<b>Total Number of Domains</b>			

2.3 Cost of Dot KE Subdomain Names

<b>Subdomain Name</b>	<b>1<sup>st</sup> month in the quarter</b>	<b>2<sup>nd</sup> month in the quarter</b>	<b>3<sup>rd</sup> month in the quarter</b>
.AC.KE			
.CO.KE			
.GO.KE			
.INFO.KE			
.ME.KE			
.MOBI.KE			
.NE.KE			
.OR.KE			
.SC.KE			

## CA/F/LCS/CRF/12.1

### 2.4 Dot KE Subdomain Name Registrars

Indicator	1 <sup>st</sup> month in the quarter	2 <sup>nd</sup> month in the quarter	3 <sup>rd</sup> 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 <sup>st</sup> month in the quarter (average)	2 <sup>nd</sup> month in the quarter (average)	3 <sup>rd</sup> 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)						
<b>TOTAL</b>						

## 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)						
<b>TOTAL</b>						

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 30<sup>th</sup> 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**

<b>Numbering Resource (i.e. IP Addresses Range, Short Codes, USSD Codes, Premium Call Numbers)</b>	<b>Total numbers assigned</b>	<b>Numbers in use</b>	<b>Numbers not in use</b>	<b>Reasons for Non Usage</b>

9 **COMMENTS/ SUGGESTIONS**

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

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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 THE 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**