



COMPLIANCE RETURN FORM

NETWORK FACILITIES PROVIDER (NFP)

PURSUANT TO THE PROVISIONS OF THE KENYA COMMUNICATIONS ACT 1998, KENYA COMMUNICATION REGULATIONS 2010 AND THE NFP 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 (Company Name): _____

License No: _____

Other Licenses held: _____

1.2 Period under review (Tick against appropriate quarter)

FINANCIAL YEAR _____ (based on Government of Kenya Financial year i.e. 2017/2018)

Quarter 1 (1 st July – 30 th Sep)	Quarter 2 (1 st Oct – 31 st Dec)	Quarter 3 (1 st Jan – 31 st Mar)	Quarter 4 (1 st Apr – 30 th Jun)

1.3 Address

1. Physical Address:

Town _____ Street/Road _____

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: _____

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 _____

Did any of the address information change during the quarter? (Tick as appropriate) Yes No
(If Yes attach a notification letter on the same.)

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 (Operators to provide Spatial data)

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

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
TOTAL					

3.2 Data/Internet Service Subscriptions (For wholesale customers)

Subscriptions by Technology	Data Subscriptions		
	1 st month in quarter	2 nd month in quarter	3 rd month in quarter
	No of Subscriptions	No of Subscriptions	No of Subscriptions
Fiber To The Home			
Fiber To The Office			
Fixed Wireless eg WiMax, WiFi			
Satellite			
Copper Line (Dial-up&DSL,xDSL)			
Cable Modem			
Other Fixed Please Specify			

3.3 Primary Number Assignments Utilization

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

4. TOWER FACILITY PROVIDERS

Please indicate the total number of towers installed and operated;

- a) Greenfield: _____
- b) Rooftop: _____

Please attach the tower details in the format below

Tower location (Tower name and sublocation installed in)	Installation dates and coordinates	Installed systems /partners or customer names /services

5. 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)						
Total complaints						
CRM Information						
Type Of CRM						
Details of CRM						

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 30th June)

1. SHAREHOLDING INFORMATION

Please attach a copy of the current certificate of shareholding/ CR12 (Not more than 6 month old).

2. FINANCIAL DATA:

Specify the start and end dates of your firm’s financial year below.

Financial Year Start Date: _____ End Date: _____

CA/F/LCS/CRF/2.4

Please attach the following;

- I. A copy of your Annual Audited Accounts for the preceding year.
- II. A valid tax compliance certificate.

3. TARRIFS (Please attach all the tariffs for services offered under this license in excel format)

3.1 WHOLESALE PRICES (TO ASP's)

4. STAFF (Indicate staff directly 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				
Total					

5. INFRASTRUCTURE NETWORK

5.1 GSM COVERAGE (Please provide BTS data in excel)

Technology	Land Coverage (%)	Population Coverage (%)
2G		
3G		
4G		

FIXED NETWORK (Please provide infrastructure data in spatial format)

5.2 Local Routing and Service roll out status

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		< 256 Kbps	=> 256 Kbps < 2 Mbps,	=> 2 Mbps< 10 Mbps	=> 10 Mbps < 30 Mbps	=> 30 Mbps < 100 Mbps	=> 100 Mbps
			Installed	Used						
1.	FIBER									
2.	CDMA									
3.	WIMAX									
4.	HOT SPOT									
5.	ANY OTHER									
6.										
	Total									

7. ENVIRONMENTAL SUSTAINABILITY COMPLIANCE

Reporting on Environmental Sustainability Initiatives

7.1. Provide information on initiatives you are undertaking to establish channels of collecting both consumer and your own electronic waste (e-waste) at the end of life-cycle (please detail your take back mechanisms);

7.2. Provide information on initiatives that you are undertaking in the operations to reduce the carbon footprint/negative environmental impact;

7.3. Provide information on the current status of adherence to the Environmental Management and Coordination Act, EMCA on Waste Management.

8. COMMENTS/ SUGGESTIONS

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

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

(Company stamp here)

NB:

- a) Where Nil returns are provided an explanation **MUST** be provided under the Comments/Suggestions section.
- b) The returns will only be accepted if the form is the most up to date as posted on the CA website. Always download the forms for every submission since reviews are made often to ensure responsiveness.

THANK YOU FOR COMPLETING THIS 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