



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 Licensee Details

- a) Name of broadcasting signal distributor (as per licence): _____
- b) Identity of the broadcast broadcasting signal distributor brand name (call sign): _____
- c) Licence/Service(s) Type:

- Common carrier broadcast signal distributor
- Self-provision broadcast signal distributor

1.2 Period under review: Financial Year: July _____ to June _____

(Tick against appropriate quarter)

Quarter 1	Quarter 2	Quarter 3	Quarter 4
(1st July – 30th Sep)	(1st Oct – 31st Dec)	(1st Jan – 31st Mar)	(1st Apr – 30th Jun)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.3 Head Office Address

a) Physical Address:

Town _____ Street/Road _____
Floor No. _____ Room No. _____
Name of Building _____

b) Postal Address:

P. O. Box _____ Postal Code _____
Post Office Town _____

c) Phone Contact:

Tel. No. _____

Mobile No. _____ Other Tel. Nos. _____

d) Email & Web Address

Email address: _____

Web Address: _____

1.4 Details of Head of Organization

Name of Head of Organization _____

Title of Head of Organization _____

Telephone: (a) Landline _____ (b) Mobile: _____

Email: _____

1.5 Details of Contact Person (Person responsible for submission of compliance reports)

Name of contact person: _____

Designation: _____

Telephone: (a) Landline _____ (b) Mobile: _____

Email: _____

Did any of the address information change during the quarter? (Tick as appropriate) Yes No

(If Yes Attach letter with the changed information)

1.6 Instructions

- a) **The form has provision for both quarterly and annual returns.**
- b) **Please provide information in the space provided, you may insert additional rows and pages as required.**
- c) **Duly completed compliance forms together with all attachments should be essentially sent to the email address broadcasting-compliance@ca.go.ke but can also hand delivered or posted to Director/Multimedi Services, Ground Floor CA Centre, Waiyaki Way P.O. Box 14448 Nairobi 00800 so as to reach us by the 15th day of the month following the end of the quarter under review.**

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:.....

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

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

2.2 Returns On Digital Transmitter Rollout

- (i) List of new sites operationalized during the quarter and/or upgraded or installed with local insert facility

(Complete table for each transmitter)

(a) Site characteristics	
Site name	
Site coordinates (longitude and latitude)	
Altitude above sea level ASL (m)	
(b) Emission characteristics	
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)	
(c) Effective antenna Height at intervals of 10 deg (0, 10, 20 ...350deg)	
(d) Antenna attenuation in dB at intervals of 10 deg (0, 10, 20 ...350deg) for directional radiation	
(e) Administrative & Others	
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	
(f) Coverage map	
Provide coverage maps for each site that is newly commissioned during the quarter showing the median field strength at the boundary of the coverage area as per the relevant ITU recommendations.	
(g) List of areas/environs sufficiently covered by digital signal of the above DVB-T2 transmitter	

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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)

MUX ID.	Slot No.	TV channel ID	CSP Name & Address	FTA or PAY	Minimum bitrate	Sites on air	D ch a

2.4 Information about customer care outlets:

Location of customer care outlets	Services offered	Hours of Operation

3. 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)



PART B: ANNUAL REPORTING SECTION

(Information to be submitted at the end of the Quarter ending 30th June)

4. SHAREHOLDING INFORMATION

Please attach a copy of the current shareholding information /CR-12 (issued within the last three(3) months).

5. FINANCIAL INFORMATION

(a) Specify the start and end dates of your firm's financial year below.

Financial Year Start Date: _____ End Date: _____

(b) Please attach the following;

- (i) A copy of your Annual Audited Accounts for the preceding year.
- (ii) Valid tax compliance certificate.

(c) 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 fees										
Publishing/Merchandising										
Infrastructure										
Other(Please specify)										

6. COVERAGE MAPS

Provide coverage maps for each site in the DTT network showing the median field strength at the boundary of the coverage area as per the relevant ITU recommendations.



7. STAFF

7.1. Staff Information

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

7.2. Trainings carried out

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

8. COMPLAINTS HANDLING

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



8. COMMENTS/ SUGGESTIONS

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

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

Company Stamp

NB:

*a) Where Nil returns are provided an explanation **MUST** be provided under the Comments/Suggestions section of this form.*

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 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.