



**COMPLIANCE RETURN FORM**

**COMMERCIAL BROADCASTING SERVICE PROVIDERS**

**PURSUANT TO THE PROVISIONS OF THE KENYA INFORMATION AND COMMUNICATIONS ACT, 1998 AND THE LICENSE CONDITIONS**

**1. GENERAL INFORMATION**

**1.1 Licensee Details**

a) Name of service provider (as per licence): \_\_\_\_\_

b) Identity of broadcast station (call sign/station name): \_\_\_\_\_

c) Licence/Service(s) Type:

Commercial Free-to-Air FM Radio   
Commercial Free-to-Air TV

**1.2 Period under review: Financial Year: July \_\_\_\_\_ to June \_\_\_\_\_**

(Tick against appropriate quarter)

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**

**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](mailto: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 15<sup>th</sup> 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. Broadcast area (TV)/ list of broadcast sites (Radio)

Broadcast Area/ Coverage Area	Population Covered

### 3. List area(s) you started transmitting during this quarter:

Broadcast Area(s)/ site(s)	Date of transmission commencement

### 4. Language of broadcasts

No.	Languages	Duration per week (hrs & mins/week)
1		
2		
3		

### 5. Adherence to the Programming Code

(a) **Programme Schedule** Please indicate the percentage local content aired (Sample one week per month) *Expected, attach three(3) programme schedules for a quarter e.g program schedule for one week in January, program schedule for one week in February and program schedule for one week in March*

#### Program Schedule Format

**Channel:** e.g Kenya TV

**Broadcast Dates:** e.g 5<sup>th</sup> January to 11<sup>th</sup> January

**Broadcast time from 05:00am-10:00pm**

#### Monday

Time frame	Program Name	Genre	Language	Program duration	No. of adverts aired in each program	Total duration of adverts aired in each program	Comments
e.g (5:05am - 6:10am)	Morning show	Talk show	English	2hrs	5	5mins	

9am-10am							
----------	--	--	--	--	--	--	--

**Tuesday**

Time frame	Program Name	Genre	Language	Program duration	No. of adverts aired in each program	Total duration of adverts aired in each program	Comments
5:00 am-6:00 am							

**Wednesday**

Time frame	Program Name	Genre	Language	Program duration	No. of adverts aired in each program	Total duration of adverts aired in each program	Comments
5:00 am-6:00 am							

**Thursday**

Time frame	Program Name	Genre	Language	Program duration	No. of adverts aired in each program	Total duration of adverts aired in each program	Comments
5:00 am-6:00 am							

**Friday**

Time frame	Program Name	Genre	Language	Program duration	No. of adverts aired in each program	Total duration of adverts aired in each program	Comments
5:00 am-6:00 am							

**Saturday**

Time frame	Program Name	Genre	Language	Program duration	No. of adverts aired in each program	Total duration of adverts aired in each program	Comments
5:00 am-6:00 am							

**Sunday**

Time frame	Program Name	Genre	Language	Program duration	No. of adverts aired in each program	Total duration of adverts aired in each program	Comments
5:00 am-							

6:00 am							
---------	--	--	--	--	--	--	--

**Total Local content Aired (in minutes)**

**Local content Formula**

**LC = Total time in a week x constant c**

**LC = T x C**

**Where C = 100/7140**

**NB: News, live events e.g. graduations, Adverts and infomercials are excluded**

**(b) Accessibility for PWDs Requirement**

Please indicate the station's compliance with accessibility to broadcasting services by persons with disabilities (PWDs) obligation.

<b>PWD programming Requirements</b>	<b>Captioning</b>	<b>Sign Language Interpreter</b>
News		
National Events		
Educational		
Public Emergencies		
Others		

**6. Copyright Licences for third-party produced content**

Please indicate the station's compliance with all copyright obligation under the Copyrights Act 2001 as required by the licence terms and conditions.

<b>No.</b>	<b>Required Documents</b>	<b>Check Yes or No</b>	
		<b>Yes</b>	<b>No</b>
6.1	Does the licensee air any third-party produced copyright content?		
6.1.1	If yes, has the licensee submitted a copy of the current copyright licence from KECOBO or its licensed CMO?		
6.1.2	If No, has the licensee submitted a copy of valid copyright licence exemption certificate from KECOBO or its licensed CMO?		
6.2	Has the licensee submitted copies of <b>ALL</b> other copyright contracts entered into with independent content owners or their authorized legal vendor?		

**7. Delayed transmission of live events**

Does the station ever transmit live programmes/events Y/N

If yes, Has the station incorporated a delay mechanism (minimum 7 seconds) for transmission of live events ? Yes/No

**8. Studio Information**

No.	Location of studio	Studio Contacts( Person
1.		
2.		
3.		

**9. Complaints Handling**

How many times, within a 24-hour period, does the station inform audiences of the existence of a complaints handling procedure? \_\_\_\_\_

Complaint Category	Number of complaints received	Number of complaints resolved	Number of unresolved complaints	Average Complaints Resolution Turnaround time
Programming Content				
Signal Quality				
Audio/Visual Quality				

**10. Off air period**

Indicate dates and durations when the station has been off air stating reasons during the quarter.

Dates/ Period off air	Reasons

**11. 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 Financial Year ending 30<sup>th</sup> June)**

---

**12. SHAREHOLDING INFORMATION**

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

**13. 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 for the past year (where applicable) from the following categories

<b>Item</b>	<b>Revenue</b>
<b>Advertising</b>	
<b>Program sales</b>	
<b>Grants and Donations</b>	
<b>Infrastructure</b>	
<b>Other (Please specify</b>	
<b>Total</b>	

**14. STAFF**

<b>Staff Category</b>	<b>Local (Kenyan Citizens)</b>		<b>Expatriates</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Permanent</b>				
<b>Contract</b>				
<b>Temporary</b>				
<b>Total</b>				



### 15. CUMULATIVE COMPLAINT HANDLING INFORMATION

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

**16. COMMENTS/ SUGGESTIONS**

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

---



---



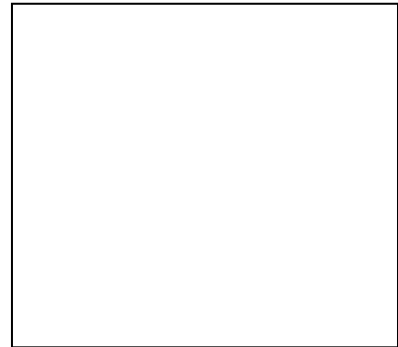
---

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 :)

	<b>Checked By:</b>	<b>Verified by:</b>	<b>Approved <input type="checkbox"/> Rejected <input type="checkbox"/></b> <b>(Tick as appropriate)</b>
<b>Name</b>			
<b>Title</b>			
<b>Signature</b>			
<b>Date</b>			

**N/B A COMPLIANCE CERTIFICATE WILL NOT BE ISSUED IF THE COMPLIANCE RETURNS ARE SUBMITTED LATE OR REJECTED BY THE AUTHORITY.**