



COMPLIANCE RETURN FORM

COMMUNITY 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 the broadcast station (call sign/station name): _____
- c) Licence/Service(s) Type:

Community Free-to-Air FM Radio
Community 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)
<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

- 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.**
- 3. 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. 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 5th January to 11th 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 (5:05a m- 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.

PWD programming Requirements	Captioning	Sign Language Interpreter
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.

No.	Required Documents	Check Yes or No

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

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

Location of studio	Studio Contacts(Person

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. Quarterly Report on Community broadcasters’ funds generated from the operations of the broadcasting station being re-invested in activities that benefit the community in compliance to condition 22 on finances.

Item	Revenue (during the Quarter)	Investments/Programs Supported (During the Quarter)
Advertising		
Program sales		
Grants and Donations		
Infrastructure		
Other (Please specify		
Total		

12. 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 30th June)

13. FINANCIAL INFORMATION

- a) Please provide the following;
- (i) Report on profits accrued and any other income received and its use to promote its broadcasting activities or in the service of its community
 - (ii) A copy of your Annual Audited Accounts for the preceding year.
 - (iii) Valid tax compliance certificate.
 - (iv) Shareholding information - a copy of the **document indicating the registered officials** of the society or community based organisation issued by the registering body
- b) Please indicate below your revenue for the past year (where applicable) from the following categories

Item	Revenue	Investments/Programs Supported
Advertising		
Program sales		
Grants and Donations		
Infrastructure		
Other (Please specify		
Total		

14. STAFF

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

15. CUMULATIVE COMPLAINT HANDLING INFORMATION

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

Customer Service, Billing etc.)				

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 :)

	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.