



COMPLIANCE RETURN FORM

SUBSCRIPTION 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 subscription service (call sign): _____
- c) Location of aggregation center/multiplexing centre (s) _____
- d) Licence/Service(s) Type:

Subscription Broadcasting Service	<input type="checkbox"/> (specify service please. Where multiple services are provided, please complete separate form for each service)
Cable Subscription	<input type="checkbox"/>
IPTV	<input type="checkbox"/>
Satellite Subscription	<input type="checkbox"/>
Terrestrial Subscription	<input type="checkbox"/>
Other (specify)	
Subscription Management Service	<input type="checkbox"/>
Other	<input type="checkbox"/> describe: _____

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

- 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. Bouquet information

No.	Bouquet	Cost of bouquet	Number of Channels (per bouquets)

(attach current bouquet flier if available)

Has the bouquet pricing and/or channels been changed during the period? Y/N. Provide details

3. Copyright Licences

Has the licensee obtained all copyright licences to for all content included in the bouquets?
Yes/No. If yes, please attach copies of valid copright contracts.

4. Customer Premise Equipment(CPE)/STB Sales statistics

No.	CPE/STB sales Statistics	Monthly CPE/STB Sales Statistics			Cummulative CPE/STB sold as the end of the Quarter
		1 st month of the Quarter	2 nd month of the Quarter	3 rd month of the Quarter	
1.	CPE/STBs Sold				

5. Subscriber Information

No.	Subscribers Statistics	Monthly Subscriber Statistics		
		1 st month of the Quarter	2 nd month of the Quarter	3 rd month of the Quarter
1.	Active Subscribers			
2.	Inactive Subscribers			
3.	Total subscribers to date			

6. Customer Service & Complaints Handling

a) Customer Care Outlets

Location of customer care outlets	Services offered	Hours of operation	Contact Details

b) Subscriber Complaints Handling

How many times, within a 24-hour period, do you inform audiences of the existence of a complaints handling procedure? _____

c) Complaints Handling

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				
Billing				
Service Interruption				
Must carry obligation				
Receiver Equipment				

7. 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)



**COMMUNICATIONS
AUTHORITY OF KENYA**

PART B: ANNUAL REPORTING SECTION

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

8. SHAREHOLDING INFORMATION

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

9. 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 past year(where applicable) from the following categories

Item	Revenue	Investment
Advertising		
Program sales		
Subscription fees		
Infrastructure		
Other (Please specify		
Total		

10. Staff

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

11. Cumulative Complaint Handling Information

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				
Billing				
Service Interruption				
Must carry obligation				
Receiver Equipment				



12. 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.