

ICT AUTHORITY NETWORK SERVICES ENQUIRY FORM

To: Chief Executive Officer (CEO) ICT Authority P.O. Box 27150-00100 Nairobi, Kenya

• Data Center (DC) Colocation

I. ORGANIZATION [DETAILS	
Organization Name:		
Certificate of Incorpor	ration No.:	
• KRA PIN No.:		
Physical Address:		
Contact Person:		
• Position:		
Phone Number:		
• Email Address:		
2. REQUESTED SERV	VICE(S)	
Please select the services yo	ou are enquiring about (tick all that apply):	
L2/L3 Capacity Services		
Internet Services to M	IDAs	
Dark Fiber Leasing		
Duct Leasing		



3. SERVICE SPECIFICATIONS

Requested Capacity (for L2/L3 of	or Internet):
	(e.g., 50Mbps, 100Mbps)
Service Location(s):	
	(e.g., Nairobi, Mombasa, Kisumu, County HQs)
Source Site (Start Location):	
Sink Site (End Location):	
Start Date (Expected):	
Additional Information/Requirer	ments:

4. DOCUMENTS TO ATTACH

Please ensure the following documents are attached with your submission:

- Certificate of Incorporation
- KRA PIN Certificate
- Start Date (Expected):



5. SIGNATURE AND COMPANY STAMP

Please ensure the following documents are attached with your submission:

Authorized Signature:	
Name:	
Designation:	
Date:	
Company Stamp:	

6. SUBMISSION INSTRUCTIONS

Once completed, please send this form and the required attachments to

enterprise@icta.go.ke