



All communications should be addressed to
"THE DIRECTOR- GENERAL"
P.O. Box CY342,
Causeway,
Harare
Zimbabwe
Telephone No. +263 4 706681-8 / +263 4 703971-7
E-mail: dg@zimstat.co.zw

REQUEST FOR QUOTATION

TO: OUR VALUED SUPPLIER

INTRODUCTION

Zimbabwe National Statistics Agency would like to procure the following items (See **Specifications below**)

If interested, you are requested to submit comprehensive quotation for **genuine goods only**.

MANDATORY REQUIREMENTS

For FIRST TIME registration with ZIMSTAT, Your quotation must include:

1. VAT Certificate or proof of tax registration with the Zimbabwe Revenue Authority (ZIMRA).
2. VAT, total price etc. no hidden /variable costs will be accepted
3. Bank account details on company letterhead
4. Certificate of Incorporation, CR14 & CR6
5. Proof of registration with PRAZ.
6. ZIMSTAT vendor registration form (**see template at the end of this document**)
7. Prices to be quoted in **LOCAL CURRENCY**.

Your quotations must be submitted in sealed envelopes, clearly marked with the brief summary of quoted items to:

The Procurement Management Unit (PMU)
ZIMSTAT, 18thth Floor KAGUVI BUILDING

OR

Email your quotations to: pmu@zimstat.co.zw

Contact: +263 4 2706681-8

8. **All payments are done after delivery**
9. **Delivery lead time: within 14 working days**
10. **Quotation validity: 21 days.**

SPECIFICATIONS

ITEM REQUIRED	QUANTITY
Office carpet-Director Human Resources and PA's office	2
Sub Total	
VAT	
Grand Total	

Interested suppliers should come to our offices for view and measurements on Thursday 10th of June 2021.

Suppliers to send quotations after the site visit.

Regards

ZIMSTAT PMU

DUE DATE: 10 JUNE 2021



Vendor Registration Form

SECTION 1 (For Internal Use only)		ZIMSTAT INFORMATION	
Requesting Person: (ZIMSTAT) First name/Last name/Extension	Date: (dd -mm- yy)	Registration ZIMSTAT Vendor No.	
	Type of Update for Paste <input type="checkbox"/> Create <input type="checkbox"/> Change <input type="checkbox"/> Inactive		
VENDOR TYPE			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporate Supplier	<input type="checkbox"/> Government	

Institution

Complete either Section 2 or Section 3 (not both)

SECTION 2 STAFF MEMBER/ PERSON INFORMATION (For Individuals only)			
Family Name/Last Name /Surname		First Name (s) / Given names(s)	
Birth Date (dd-mm-yy)	Birth Place (city, country)	Current Nationality	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address			
City:	State/Province/County:	Postal Code (ZIP):	Country:
E-mail Address	Telephone Number	Fax Number	

SECTION 3 CORPORATE SUPPLIER INFORMATION (For Companies/Government Institutions only)			
Company Name:		Telephone No	Web Site URL: (if applicable)
Postal Address		Physical Address	
City	Postal Code/ Zip	City	Postal Code/Zip
State/Province	Country	State/Province	Country
Contact Person 1	Cellphone No	Contact Person 2	Cellphone No
Name:		Name:	
Title:		Title:	
ID No		ID No	
Email address:	Fax:	Email Address:	Fax:

SECTION 4 BENEFICIARY BANKING INFORMATION	
Name of Banking Institution:	Beneficiary Name of Account (name as it appears on account)
Street Address:	Branch Name: Phone:
City Province	Country
<i>Please attach current bank statement / bank details confirmation letter on company letterhead</i>	

NB Incomplete or erroneous information will prevent payment to your account
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*******END OF DOCUMENT*******