



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/description below**)

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

MANDATORY REQUIREMENTS

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**.

N.B: 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: 30 days.**

Please kindly quote as listed below;

ITEM DESCRIPTION	QUANTITY
LED florescent tubes-original preferred brands is Osram, Philips or ceeydec	250
Pull switch 5 AMP	30
Double wall sockets plugs 13 AMP (square)	30
Double wall sockets plugs 15 AMP (round)	20
Wall top plugs 13 AMP	50
Wall top plugs 15 AMP	20

DUE DATE:3 AUGUST 2021 @1100HRS



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
-----------	---

*******END OF DOCUMENT*******