



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 (C.O.D)** 9. **Delivery lead time: within 7 working days**
10. **Quotation validity: 14 days.**

SPECIFICATIONS

| ITEM REQUIRED | QUANTITY |
|--|----------|
| Supply and fit of broken cabin glass for Toyota Hilux double cab | 1 |
| Repair new rim steel size 750R16 for Toyota Hilux | 1 |
| Supply new rim size 245R16 | 1 |
| | |
| Sub Total | |
| VAT | |
| Grand Total | |

Please kindly quote

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

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