

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**.

Email your quotations of quoted items to:

Email your quotations to: [pmu@zimstat.co.zw](mailto:pmu@zimstat.co.zw)

Contact: +263 4 2706681-8 –Procurement Management Unit (PMU)

- 8. All payments are done after delivery
- 9. Delivery lead time: within 14 working days
- 10. Quotation validity: 30 days.

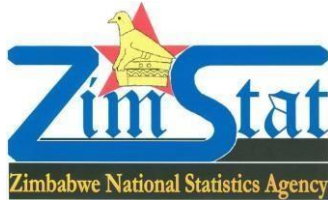
**SPECIFICATIONS**

<b>ITEM REQUIRED</b>	<b>QUANTITY</b>
Sanitizers 250 ml with 70+ alcohol content	750
Surgical 3 ply Disposable face masks	650
<b>Sub Total</b>	
<b>VAT</b>	
<b>Grand Total</b>	

Please kindly quote

Regards  
**ZIMSTAT PMU**

**DUE DATE: 11 JUNE 2021 @ 1000 HRS**



# 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		
<b>VENDOR TYPE</b>			
<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
<b>Contact Person 1</b>		<b>Cellphone No</b>	<b>Contact Person 2</b>
Name:			Name:
Title:			Title:
ID No			ID No
Email address:		Fax:	Email Address:
			Fax:

<b>SECTION 4</b>		<b>BENEFICIARY BANKING INFORMATION</b>	
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>			

<b>NB</b>	<b>Incomplete or erroneous information will prevent payment to your account</b>
-----------	---

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