

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

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## 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, 18th<sup>th</sup> Floor KAGUVI BUILDING

**OR**

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

Contact: +263 4 2706681-8

8. **All payments are done after delivery (C.O.D)**
9. **Delivery lead time: within 21 working days**
10. **Quotation validity: 30 days.**

**SPECIFICATIONS**

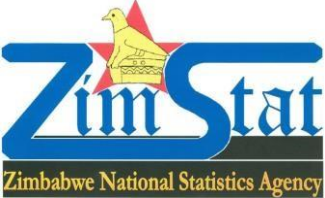
<b>ITEM REQUIRED</b>	<b>QUANTITY</b>
3x6 metres gazebo tent (branded)	1
100 seater branded tent (ZIMSTAT LOGO)	1
<b>Sub Total</b>	
<b>VAT</b>	
<b>Grand Total</b>	

Please kindly quote

Regards

**ZIMSTAT PMU**

**DUE DATE:21 MAY 2021**

	<h2 style="margin: 0;">Vendor Registration Form</h2>
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SECTION 1 (For Internal Use only)		ZIMSTAT INFORMATION	
<b>Requesting Person: (ZIMSTAT)</b> First name/Last name/Extension	Date: ( dd -mm- yy)	Registration ZIMSTAT Vendor No.	
	<b>Type of Update for Paste</b> <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:

<b>SECTION 4 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>			

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

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