

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

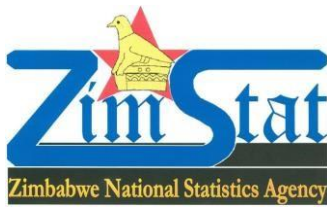
ITEM REQUIRED	QUANTITY
Printer toner 80A	2
printer toner 55A	2
Sub Total	
VAT	
Grand Total	

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