

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**.
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The Procurement Management Unit (PMU)  
ZIMSTAT, 18<sup>th</sup> Floor KAGUVI BUILDING

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

ITEM REQUIRED	QUANTITY
Branded caps	100
Branded floppy hats	150
<b>Sub Total</b>	
<b>VAT</b>	
<b>Grand Total</b>	

**Submit your quotation together with a sample, of both branded caps and branded floppy hat also well labelled for owner identification purposes. The samples to be used to check on quality of material and the branding.**

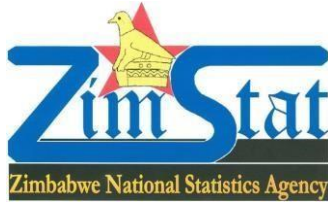
**QLFS + ZIMSTAT LOGO**

Please kindly quote

Regards

**ZIMSTAT PMU**

**DUE DATE: 5 July 2021 @1000hrs**



# 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>	<b>Cellphone No</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>			

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

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