



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**.
- :

The Procurement Management Unit (PMU)
ZIMSTAT, 18th 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 14 working days**
10. **Quotation validity: 30 days.**

SPECIFICATIONS

ITEM REQUIRED	QUANTITY
Branded round-neck t-shirts	250
Branded golf t-shirts	250
Sub Total	
VAT	
Grand Total	

Submit your quotation together with a sample, of both branded round neck t-shirts and branded golf t-shirts also well labelled for owner identification purposes. The samples to be used to check on quality of material and the branding.

QLFS + ZIMSTAT LOGO

On pocket: QLFS

At the back: Quarterly Labour Force Survey

Arm: 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			
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
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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