

Submitted in: 1st quarter - 04.06.2024; 2nd quarter - 04.09.2024; 3rd quarter -

E-mail:

Phone:

Signature:



Completed by Personal ID code:

Firstname and surname:

Completed on (date):

Statistical activity code: 22031

Shipping traffic

Questionnaire code: 13742024

Periodicity: Quarterly

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Statistics Estonia guarantees the full protection of data submitted.

Economic unit
Registry code:
Name:

Postal address
County:
City / Rural municipality:
Village / Town / City district:
Secondary address unit:

Periodicity: Quarterly

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E-mail:
Phone:

Street:
Phone:

Street:
Apartment:
Postal code:

Economic activity in the sample

04.12.2024; 4th quarter - 04.03.2025

Contact person: Help desk (contact centre), Phone: 6259 300, E-mail: klienditugi@stat.ee, Postal address: Vabaduse plats 2, 71020 Viljandi

Shipping traffic

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Period:

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1. CARRIAGE OF GOODS

Maritime Coastal Areas https://klassifikaatorid.stat.ee/item/stat.ee/612a334b-578c-4478-be59-a9d277336368.

Rec ord no	Time of departure/ arrival of the vessel	Directi on	Partner port of loading/ unloading	Maritime coastal area of the partner port	Type of cargo	Group of goods	Flag state	Type of vessel	Loade d/unlo aded goods, tonnes	Containers and vehicle units (full and empty)	Number of empty containers and vehicle units	Gross tonnag e of vessel	IMO numbe r of vessel
	1	2	3	4	5	6	7	8	9	10	11	12	13
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

2. PASSENGER TRANSPORT

Recor d no	Time of departure/ arrival of the vessel	Directi on	Partner port of embarking/ disembarkin g	Maritime coastal area of the partner port	Flag state	Type of vessel	Number of outward/ inward passengers	Number of cruise passenger s	Number of cruise passengers starting/ finishing a voyage	Gross tonnage of vessel	IMO number of vessel
	1	2	3	4	5	6	7	8	9	10	11
1											
2											
3											
4											
5											
6											
7											
8											

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9						
10						
11						
12						
13						
14						
15						

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3 TIME SPENT ON FILLING OUT THE QUESTIONNAIRE (incl. for preparing the data)

Please estimate how much time you spent on filling out the questionnaire (incl. time spent on reading the instructions, collecting and preparing data). Record the total time spent by all employees.

		Hours	Minutes
		1	2
Time spent	1		
Please indicate the hours and minutes separately. For example, if it took 1.5 hours (i.e. 90 minutes) to complete the questionnaire, you should enter 1 in the hours field and 30 in the minutes field	х		

Y2. Overall assessment on the questionnaire

Y3. Suggestions and comments

	Answer
Please give an overall assessment on completing the questionnaire.	10 - Very easy 20 - Easy 30 - Average (neither easy nor difficult) 40 - Difficult 50 - Very difficult

COMMENT			