

Member ID: \_\_\_\_\_

Date: \_\_\_\_\_

To,

**ACE Derivatives and Commodity Exchange Limited**

4<sup>th</sup> Floor, Infinity IT Park, Building No 4,  
Gen. A K Vaidya Marg,  
Malad East,  
Mumbai 400 097

**Fax No. 022-66709293**

Dear Sir,

Sub.: **Square-off open position**

Since I / We am/are not able to participate in trading due to \_\_\_\_\_ (reason), I / We request the Exchange to square-off my / our open position at market price on my /our behalf as detailed below:

Symbol	Expiry	User ID	Client ID	Buy/Sell	Qty to be Squared off

I / We shall be responsible for the losses incurred (profit earned) during the process of squaring-off.

Thanking you.

Yours Faithfully

For \_\_\_\_\_(Name of Member)

Signature \_\_\_\_\_  
(Authorized Signatory)

Rubber stamp

Date: \_\_\_\_\_

Place: \_\_\_\_\_