

**POWER OF ATTORNEY/PROXY**

Name of Shareholder : \_\_\_\_\_  
Address/domicile : \_\_\_\_\_  
\_\_\_\_\_

(hereinafter referred to as the “**SHAREHOLDER**”)

\*) in this matter represented by : \_\_\_\_\_

1. Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Number of ID/Passport : \_\_\_\_\_

Date of Validity : \_\_\_\_\_

in the capacity as : \_\_\_\_\_

2. Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Number of ID/Passport : \_\_\_\_\_

Date of Validity : \_\_\_\_\_

in the capacity as : \_\_\_\_\_

Owner of/holder of : \_\_\_\_\_

\_\_\_\_\_ share (hereinafter referred to as the  
“**SHARES**”) in the PT Intiland Development Tbk,  
domicile in Jakarta ( hereinafter referred as the  
“**COMPANY**”)

hereby granting a power of attorney/proxy to\*\* :

\*\*) Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Number of ID/Passport : \_\_\_\_\_

Date of Validity : \_\_\_\_\_

(hereinafter referred to as the “**ATTORNEY**”);

-----**PARTICULARLY**-----

to represent and act for and on behalf of the SHAREHOLDER in attending :

**The Annual General Meeting of Shareholders of the Company.**

which will be held on :

Day/date : Tuesday, June 22<sup>th</sup>, 2021  
Time : 09.30 am - Finish  
Venue : Star Room, Podium Intiland Tower 1<sup>st</sup> Floor  
Jl. Jend. Sudirman 32,  
Jakarta Pusat 10220

(hereinafter referred to as the “**Meeting**”), to give votes and make decisions in relation to the agenda described in the attached advertisement of Invitation;

under the following terms and conditions that :

- a) this Power of Attorney proxy may not be terminate, altered, declared invalid/revoked for any reason whatsoever, except if the SHAREHOLDER attends MEETING;
- b) the SHAREHOLDER, now as well as in the future, declares that it shall not submit objection and/or protest in whatever form in respect of any all actions have been taken by the ATTORNEY by virtue of

this Power of Attorney/proxy, and therefore, the SHAREHOLDER now hereby accepts ratifies all actions taken by the ATTORNEY for and on behalf of the SHAREHOLDER in the MEETING by virtue of this Power of Attorney/proxy;

c) this Power of Attorney/proxy is granted with a right of substitution; and

d) the Power of Attorney is effective as of executed on this day \_\_\_\_\_, dated \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.

**ATTORNEY,**

**SHAREHOLDER,**

Stamp duty

Name :  
Capacity :

1. Name :  
Capacity :  
2. Name :  
Capacity :

**Notes :**

\*) Filled out if the SHAREHOLDER is a limited liability company/corporation or other legal entity, authorized in accordance with its due and valid Articles of Association.

\*\*\*) Name and address of the ATTORNEY should be in full block letters, in accordance to the photocopy of personal identification (ID/Passport) which still valid and attached to this Power of Attorney/Proxy.