## **POWER OF ATTORNEY/PROXY**

The	undersigned herein:	
Name of Shareholder Address/domicile		: :
*) in this matter represented by 1. Name Address		(hereinafter referred to as the "SHAREHOLDER") :
Nι	umber of ID/Passport	: Date of Validity :
in	the capacity as	:
2. Na Ad	ame Idress	:
Number of ID/Passport		:
in	the capacity as	:
Own	er of/holder of	:
		share (hereinafter referred to as the "SHARES") in the PT Intiland Development Tbk, domicile in Jakarta (hereinafter referred as the "COMPANY")
here	by granting a power of attorney	/proxy to:
**)	Name Address Number of ID/Passport	: Adella Yudhi Kurniawan : Jl. Raya 112, RT/RW 020/003 Kel/Des. Ngebruk, Kec. Sumber Pucung, Kab. Malang Prov. Jawa Timur : 3507131710780001
(Her	einafter referred to as the "ATTC	DRNEY");
		PARTICULARLY
to re	present and act for and on beha	olf of the SHAREHOLDER in attending:
	The Annual Gene	eral Meeting of Shareholders of the Company.
whic	ch will be held on:	
	Day/date	: Wednesday, May 28, 2025

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 cannot be terminated, amended, cancelled, declared invalid or revoked for any reason whatsoever, except if the SHAREHOLDER attends the MEETING;

- b) the SHAREHOLDER, both now and in the future, declares that it shall not submit objection and/or protest in any form regarding any and all actions taken by the ATTORNEY by virtue of this Power of Attorney/Proxy, and therefore, the SHAREHOLDER hereby accepts and 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 is granted with a right of substitution; and d) the Power of Attorney is effective as of executed on this day

-/	, this rower or recorney is granted with a right or substitution, and	
d)	) the Power of Attorney is effective as of executed on this day	, dated
	, in	

No.	MEETING AGENDAS	PLE/	ASE FILL IN THE SIGI	V (√)
		AFFIRMATIVE	DISAPPROVING	ABSTAIN
1	Approval of the Annual Report and Financial Statement of the Company for the year ended December 31, 2024, including the report on the implementation of Board of Commissioner's supervision during the 2024 financial year.  Query (ies)			
2	Authorizing the Board of Commissioners to appoint an Independent Public Accountant which registered at Financial Services Authority, to audit the accounts of the Company for the year ended December 31, 2025, and determine the fee thereof and other requirements for such appointment.			
	Query (ies)			
3	Approval of the use of the net profit of the Company for the year ended December 31, 2024.			
	Query (ies)			

4	Approval of the changes in the composition of the Board of Directors and Board of Commissioners of the Company.  Query (ies)		
5	Approval of the remuneration of the Board of Commissioners, and delegation of the authority to approve the remuneration of the Board of Directors, to the Board of Commissioners for the year ended December 31, 2025.		
	Query (ies)		
6	Approval of other matters related to the agenda of the Annual GMS, e.g:  a. Authorizing the Board of Directors to incorporate any decision made in this Annual GMS into a deed of minutes of meeting resolution, submission to the authorities, makes reports, providing information and performs necessary legal actions with regard to the content of any decision of the Annual Meeting in order to comply with applicable laws, without exception; and b. Stipulating that all decisions made and approved in this Annual GMS shall take effect from the closing of this Annual GMS		
	Query (ies)		

OLDER,

Stamp duty 10.000

1. Name : Name : Capacity: 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 with the photocopy of personal identification (ID/Passport) which still valid and attached to this Power of Attorney/Proxy.