

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 : Wednesday, July 15th, 2020
Time : 09.30 am - Finish
Venue : Star Room, Podium Intiland Tower 1st 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.