

**POWER OF ATTORNEY/PROXY**

The undersigned herein:

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 : Amirudin Hapid  
Address : Jl. Pengadegan Selatan, RT/RW 010/005  
Kel. Pengadegan, Kec. Pancoran, Jakarta Selatan  
DKI Jakarta  
Number of ID/Passport : 3174080911750004

(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 : Thursday, May 30, 2024  
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 \_\_\_\_\_, dated \_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_.

No.	MEETING AGENDAS	PLEASE FILL IN THE SIGN (√)		
		AFFIRMATIVE	DISAPPROVING	ABSTAIN
1	Approval of the Annual Report and Financial Statement of the Company for the year ended December 31, 2023, including the report on the implementation of Board of Commissioner's supervision during the 2023 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, 2024, 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, 2023.			
	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, 2024.			
	Query (ies)			
6	Report on the realization of the use of proceeds from the Public Offering for the financial year ended December 31, 2023.			
	Query (ies)			
7	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)			

**ATTORNEY,**

**SHAREHOLDER,**

Stamp duty  
10.000

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