

**POWER OF ATTORNEY**  
**ANNUAL GENERAL MEETING OF SHAREHOLDERS**  
**PT HATTEN BALI Tbk ("The Company")**

The undersigned:

Name of Shareholders : .....  
Identity Card : .....  
Position : .....  
Address : .....  
.....

hereinafter referred to as the "**Authorizer**".

As the owner/holder of \_\_\_\_\_ shares in the Company (hereinafter referred to as the "**Shareholder of the Company**") hereby authorizes the following parties:

Name : HARTONO  
Identity Card : 3671112001720003  
Position : EMPLOYESS OF THE PT SINARTAMA GUNITA  
Address : GG. KIJAN RIDI NO.37 RT.003/RW.001 KEL. NEROKTOG, KEC. PINANG

hereinafter referred to as the "**Proxy**".

For and on behalf of the Authorizer to do of the acts as follows:

-----**SPECIFICALLY**-----  
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1. To represent and to act and on behalf of the Authorizer in his/her/its capacity as the shareholder of the Company, in attending the "Annual General Meeting of the Shareholders" of the Company which will be held at Batukaru Room, Hotel Inna Sindhu Beach, Jl. Pantai Sindhu No. 14 Banjar Sindhu Kaja, Sanur Denpasar Selatan, on Friday, 20 June 2025 (hereinafter referred to as the "**Meeting**") will be held Physical with limited attendance and virtually (e-GMS)
2. To act and on behalf of the Authorizer in his/her/its capacity as the shareholder of the Company in carrying out and fulfilling all the rights of the Authorizer as the shareholder of the Company in the Meeting in accordance laws and regulation including but not limited to raise question, responses or opinions, providing and obtain information, discuss matters discussed at the Meeting and do everything necessary in accordance with applicable laws and regulations.
3. To vote and make decisions\* regarding the Meeting Agenda, as follow :  
(Please fill the " v " according to the decisions in the box provided)

## Meeting Agenda

1. **Approval of the Annual Report and Ratification of the Company's Consolidated Financial Statements, Approval of the Board of Commissioners Supervisory Report for the Financial Year 2024, including the Ratification of the Restatement of the Consolidated Financial Statements for Financial Year of 2023, as well as the granting of full release and discharge (volledig acquit et de charge) to the Board of Directors for the management actions and to the Board of Commissioners for the supervisory actions carried out during the Financial Year 2024;**

Decision:

Agree     Not Agree     Abstain

2. **Approval for the use of the Company's net profit for the financial year ending December 31, 2024;**

Decision:

Agree     Not Agree     Abstain

3. ***Determination of salary or honorarium and other allowances for members of the Company's Board of Commissioners and Board of Directors for the 2025 financial year;***

Agree     Not Agree     Abstain

4. ***Appointment of a Public Accountant and/or Public Accounting firm to audit the Company's Financial Statements for the financial year ending December 31,2025;***

Agree     Not Agree     Abstain

5. ***Report on the use of proceeds from the Company's public offering.***

This Power of Attorney is granted with the following terms and condition:

1. That the Authorizer now or in the future undertakes to ratify all legal acts performed by the Proxy on behalf of the Authorizer, by virtue of this Power of Attorney;
2. That the Authorizer exempt the Proxy from all claim, demands, costs, compensation, losses and reasonable expenses that may be borne by the Proxy as a result of any action taken by the Proxy for the appropriate implementation of all or any powers and authority as stipulated in this Power of Attorney.
3. This Power of Attorney is effective as of the date it is signed.

Signed on \_\_\_\_\_, date \_\_\_\_\_

The Proxy

The Authorizer

Stamp Rp. 10.000

(.....)

(.....)

\*1) Only filled in if the shareholder is a Limited Liability Company or other Legal Entity; The name of owner/representative must be written in full in block letters. Please to attach a photocopy of the Legal Entity's Articles of Association (if the shareholder is a Legal Entity) and a photocopy of the Identity Card from the representative.

\*\*2) The name and address of the Proxy must be written in full in block letters.

Remarks:

1. This power of attorney must be affixed with a stamp of Rp. 10.000, - and the signature of the Authorizer must be on the stamp which is dated.
2. The Power of Attorney that has been completed accompanied by a photocopy of KTP or other identification from the Authorizer and photocopy of the Legal Entity's Articles of Association (if the shareholder is a Legal Entity) must have been received by the Company, at least 3 (three) working days before AGMS to bellow address:

Attention to : Corporate Secretary  
Subject : Power of Attorney AGMS 2025 PT Hatten Bali Tbk  
Address : PT Hatten Bali Tbk  
Jl. Bypass Ngurah Rai No.393  
Sanur Kauh, Denpasar Selatan  
Kota Denpasar, Bali 80227.