

**TO WHOM IT MAY CONCERN**

**Power of Attorney**

We, the undersigned company **Laboratoire Chauvin**, with offices 416 rue Samuel Morse - CS 99535 – 34961 Montpellier Cedex 2, France, hereby authorise

Company name: **Pharmathen S.A.**  
Address: **6 Dervenakion street, Pallini, Attiki, Greece**  
Postcode:  
Telephone:  
Telefax:  
E-Mail:

to act in our name and on our behalf to secure regulatory affairs activities and to communicate with competent authorities for the medicinal product:

**Vizitrav Duo (*travoprost + timolol maleate*), 40 micrograms/mL + 5 mg/mL eye drops, solution**

**Procedure Number: DK/H/2713/001/DC**

This power of attorney shall come into force on the date hereof and shall remain in force until further notice.

Signed on behalf of Laboratoire Chauvin,

Montpellier, September 14, 2016

Signature:

**Name:**

Title: Delegate Responsible Pharmacist