

**TO WHOM IT MAY CONCERN**

**Power of Attorney**

We, the undersigned company **PharmaSwiss Česká republika s.r.o.**, with offices at Jankovcova 1569/2c, 170 00, Praha 7, Czech Republic, 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 for communication during the registration procedure 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.

By and for PharmaSwiss Česká republika s.r.o.

In Prague, 20.09.2016

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MUDr. MBA  
General Manager