

TO WHOM IT MAY CONCERN

Power of Attorney

We, the undersigned company **Bausch&Lomb Pharma, Bvd. Lambermontlaan 430, 1030 Brussels, Belgium**, 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,

Brussels, 16/09/2016

Signature:

Name:

Regulatory Affairs Manager