

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: **Monumental Plaza building A, 44 Kifissias Avenue, Marousi, Attiki, Greece**
Postcode: **151 25**
Telephone: + **30**
Telefax: +**30**
E-Mail: [@pharmathen.com](mailto:pharmathen.com)

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

Vizibim Duo (*bimatoprost + timolol maleate*), 0.3 mg/mL + 5 mg/mL eye drops, solution

Procedure Number: DK/H/2711/001/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