

TO 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 authorize

Company name: **Pharmathen S.A.**
Address: **44 Kifissias Avenue, Marousi, Attiki, Greece**
Postcode: **153 25**
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:

latanoprost; 0.05 mg/ml; eye drops, solution

Procedure Number: DK/11/2754/001/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, April 13, 2017

Signature:

Name:

Title: Delegate Responsible Pharmacist