

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

Ms
Pharmathen S.A.
44 Kifissias Ave., Monumental Plaza Building A, Marousi Attica
15125 Greece
E-Mail: @pharmathen.com

to act in our name and on our behalf for communication during registration procedure for the medicinal product:

Travoprost, Preservative Free eye drops, solution 40 µg/ml

Procedure Number: DK/H/2475/001/DC

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

Prague, 12.12.2014
Signature:

Name: J
Title: General Manager