

TO WHOM IT MAY CONCERN**Power of Attorney**

We, the undersigned company : _____, with
offices at : _____ hereby authorise

Ms

Pharmathen S.A.

44 Kifissias Ave., Monumental Plaza Building A, Marousi Attica
15125 Greece

E-Mail:

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:

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

, January 20, 2015

Managing Director