

Application to Participate in the Novartis Direct Share Purchase Plan

The undersigned hereby applies (referred to as "Application") to participate in the Novartis Direct Share Purchase Plan (referred to as "Direct Share Purchase Plan") in accordance with the Regulations of the Novartis Direct Share Purchase Plan (referred to as "Regulations").

Natural Person (the applicant) Mr. Ms.
Last name: _____
First name: _____
Street, postal code, place, country: _____
Nationality: _____ Date of birth (day, month, year): _____
Telephone no.: _____ Home: _____ Office: _____

Legal entities (the applicant) Inc./Ltd. LLC Foundation Other
Name of the Company: _____
Registered Office: _____
Domicile of the Company
(street, postal code, city, country): _____
Beneficial owner: _____
Domicile of the beneficial owner
(street, postal code, city, country): _____

Notifications relating to the Direct Share Purchase Plan should be in: German French English

Payment details:

Name of the bank: _____
ZIP code, city, country: _____
Account no.: _____
*IBAN no.: _____ *BC/BLZ/SWIFT: _____
Account in the name of: _____
 Postal account (CH): _____
Account in the name of: _____

Under the Regulations, net dividends will be automatically reinvested in Novartis Registered Shares, unless the undersigned expressly indicates otherwise:

I/we expressly do **not** wish net dividends to be reinvested in Novartis Shares

Entry in the Share Register: I/we hereby request and authorise Novartis and SAG SIS Aktienregister AG, which is commissioned under the Regulations to manage the Direct Share Purchase Plan (referred to as "SAG"), to undertake the entry in the Share Register in my/our name of the Novartis Shares deposited under the Direct Share Purchase Plan by me/us (now and in the future).

Obligation to act in own name and for own account: I/we declare and undertake to acquire, hold and sell Novartis Shares under the Direct Share Purchase Plan in my/our own name and for my/our own account and not to act in a fiduciary capacity for third parties.

Authorisation to transmit data: I/we hereby authorise Novartis and SAG to mutually exchange information, to transmit information within the Novartis Group and to transmit the information to the securities dealer through whom the Novartis Shares are acquired and sold.

Amendment of your data: I/we undertake herewith to communicate any amendments to the information given here to the address stated above without delay.

Authority to transfer/assign: I/we herewith authorise Novartis and SAG to endorse and assign the Novartis Shares deposited (and to be deposited in the future) in the Novartis Share Deposit Account in my/our name in any subsequent sale. This authorisation shall not expire on the death or loss of capacity to act of the person giving the authorisation. Without this authorisation to transfer, participation in the Direct Share Purchase Plan will not be possible.

I am/We are aware that the Direct Share Purchase Plan is designed for long-term investors and that it is not suitable for investors who wish to take advantage of short-term price fluctuations.

Whoever intentionally falsifies this form may be subject to criminal liability pursuant to Art. 251 Swiss Penal Code.

Place and date

Signature of the applicant (or its legal representative)